

Compassion in Practice

Two years on



Experience matters



NHS England Information Reader Box

Directorate

Medical	Commissioning Operation	Commissioning Strategy
Nursing	Trans. & Corp. Ops	
Finance	Patients and information	

Publications Gateway Reference: 2551

Document Purpose	Report
Document Name	Compassion in Practice - Two years on
Author	NHS England / Nursing Directorate
Publication Date	24 November 2014
Target Audience	Directors of Nursing
Additional Circulation List	Compassion in Practice programme partnership organisations
Description	The two year review of the Nursing Directorate's Compassion in Practice Strategy
Cross Reference	N/A
Superseded Docs (if applicable)	N/A
Action Required	N/A
Timing / Deadlines (if applicable)	N/A
Contact Details for further information	Juliet Beal Quarry House, Leeds LS2 7UE. 0113 825 1185

Document status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

Compassion in Practice: Two years on

Contents

Foreword by Jane Cummings	02
Maximising the nursing and midwifery contribution to prevention by Viv Bennett	05
Spreading Compassion in Practice and the 6Cs by Juliet Beal	07
Compassion in Practice - commissioning and Care Makers by Hilary Garratt	08
Compassion in Practice - nursing in social care by David Foster	10
Action Area 1	12
Action Area 2	18
Action Area 3	26
Action Area 4	32
Action Area 5	40
Action Area 6	48
Conclusion by Jane Cummings	54
Additional case studies	56

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.

Foreword

#hello my name is... Jane Cummings

Chief Nursing Officer England

“

The hard work that we have done so far has been the catalyst for the shift towards a new direction in nursing. We are now at a turning point.

Jane Cummings

”

Two years on from the launch of Compassion in Practice, the inspiration I feel when I visit and talk to nurses, midwives and care staff continues to inspire and motivate me. The vision set out two years ago in the strategy for nurses, midwives and care staff is delivering tangible improvements through the implementation of clear actions within each of the six Action Areas. More detail is provided for you in this report.

Equally, our values of care, compassion, competence, communication, courage and commitment are clearly defining the way we approach care, the way we describe what makes us proud to care, what unites us as a caring profession and what patients, carers and the public can expect from us.

I saw this first-hand earlier in the year when Mo, my mother-in-law, died. The care team around Mo supported and cared for me as well as her, and respected her wishes to stay at home as long as possible.

My many visits around the country to hospitals, communities, universities and conferences, and my interactions via blogs and Twitter, also keep me close to the pressures and challenges that staff face, whilst remaining committed to patient wellbeing and high quality compassionate care.

I have appreciated being able to spend time with Care Makers this year, and to see the growth of the movement beyond nurses, midwives and care assistants to include non-clinicians and patients too. Similarly, as teams increasingly work across disciplines in an integrated way, the 6Cs are being adopted by clinicians and non-clinicians in a development that we call ‘the 6Cs are for everyone’ and which you can also read more about in this document.

A significant development in the past year has been the establishment of ‘Transforming Lives’, our programme to implement the lessons from the avoidable failures of Winterbourne View. I want to ensure people with learning disabilities have choices and are able to live outside of institutional care. I am leading this on behalf of the NHS because I want to ensure our patients and citizens with learning disabilities are less vulnerable. This is achieved by changing the way they are viewed, or treated, not as passive recipients of care but partners in compassionate care. This is not a sentiment or a hope, but a personal and professional commitment.

A significant innovation took place in the summer when we worked with NHS Choices and large numbers of nurses and midwives across the country to publish ward level staffing and other patient safety data in one place for the first time; a development we will continue work to build. A safety campaign has also been launched and Patient Safety Collaboratives established across England.

When I was reflecting on the events of the past year, a meeting with women who came to England from the Caribbean to train and work as nurses supporting the early years of the NHS highlighted how far we have come as a profession. They really demonstrated the 6Cs in action and, in particular the courage and commitment shown to cope with racial abuse and still provide excellent care.

But it also reminded me of how much further there is still to go. For their sake, and for current and future NHS employees, I am delighted that NHS England made an announcement in the summer of a proposed workforce equality standard and a toolkit which aims to help organisations improve services provided for local communities and provide better working environments.

More recently the *'Five Year Forward View'* was published. This boldly sets out the challenges the NHS faces and the steps needed to address them. NHS England developed the Forward View in partnership with a number of organisations at national and local level to ensure that the principles and approaches to developing new care models are aligned and clearly owned by all who have an impact on the NHS.

The Forward View is not about new structures, systems or names. It is about the spirit of thinking differently, of focusing on prevention and working across organisational divisions with patients, communities and other health care professionals. This is a focus which nurses, midwives and care staff are ideally placed to lead and respond to. One of the key leadership challenges we face is the ability to be able to deal with the pressures of today and to be part of the vision and leadership of tomorrow. We need to continue to nurture this skill within ourselves as well as others.



“

The Compassion in Practice strategy is changing the culture of how we care, the culture of how we work, and the culture in which we work.

Jane Cummings

”

We are now on a cusp, and the choice lies with us to either dwell on the scandals that have affected us in the past and the pressures that occupy us today, or to make a difference by working differently. We have been making progress over the past two years and have had a positive impact on patient care despite pressures. However, we can go even further by making improvements and impact with the possibilities being opened up by the Forward View. The future will bring different challenges, but also tremendous opportunities. The 6Cs mean that we stand on a unified set of values as we face this changing environment.

I am taking this opportunity to ask all health and care staff to continue to grow in confidence and take the lead by working together in partnership across organisational boundaries. Draw close to those you serve as providers and commissioners and work with patients, carers, the public and communities to build the leadership capacity that will help us to secure the best possible care, both now and for future generations.

I sincerely thank all of you for your commitment, energy and achievements of the past year, and for continuing to develop as leaders who are making a difference and bringing about improvements for staff, patients and communities.



“As part of my own personal commitment to ethnicity issues, I recently went to the Hackney Museum where a new exhibition was launched: “What a Journey – Caribbean Nurses and the NHS”. I heard stories from women who came to England from the Caribbean to train and work as nurses supporting the NHS and its patients.

These stories were incredibly powerful, demonstrating the 6Cs in action and in particular the courage and commitment shown to cope with the racial abuse and still provide excellent care.”

Jane Cummings

Maximising the nursing and midwifery contribution to prevention

#hello my name is... Viv Bennett

Director of Nursing, Department of Health and Public Health England

'The Five Year Forward View' (5YFV) spells out a need to close the health and wellbeing gap and get serious about prevention.

It states:

"If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness."

Alongside this Public Health England has published 'From evidence into action: opportunities to protect and improve the nation's health', which focuses on:

- tackling obesity, particularly among children;
- reducing smoking and stopping children starting;
- reducing harmful drinking and alcohol-related hospital admissions;
- ensuring every child has the best start in life;
- reducing the risk of dementia, its incidence and prevalence in 65-75 year olds;
- tackling the growth in antimicrobial resistance; and
- achieving a year-on-year decline in the incidence of tuberculosis.

Both organisations have committed to do more to support people to manage their own health – staying healthy, making informed choices of treatment, managing conditions and avoiding complications, to engage communities in health, building strong partnerships and to create a social movement with the NHS and health at its core. Nurses and midwives are central to achieving these goals to improve health.



“

Nurses and midwives are central to achieving these goals to improve health.

Viv Bennett

”

“

So much has already been achieved but there is much to do, and nurses and midwives have vital roles to improve health and reduce inequality.

Viv Bennett

”

Through our Action Area 1, and more recently the national programme ‘Personalised Care and Population Health’ we have worked with nurses and midwives, academic colleagues and services to develop an integrated approach. This provides evidence and information, raises visibility, builds engagement and commitment and links to outcomes. The work enables us to demonstrate the significant contribution our professions make to prevention and wellbeing and the potential of this, which will be vital to closing the health and wellbeing gap.

We have termed this ‘health promoting practice’ and worked to make it every professional’s business. As well as directly impacting on our care to individuals and communities through engagement in a range of activity and social media, it contributes to the social movement described in the ‘5YFV’ and what the Chief Medical Officer has termed the ‘culture of health’.

In 2014 we published, ‘*Caring for Populations through the Lifecourse*’ which sets out six activities for population health, which are based on the domains of the Public Health Outcomes Framework. It supports practice by giving easy access to evidence-based research, guidance, standards, good practice interventions and outcome measures. We have also supported health promoting practice through ‘Making Every Contact Count’ (MECC). Whether through short conversations or more active interventions, MECC provides advice on health and wellbeing that can be delivered in a healthcare or a wider community setting. Examples include: someone improving nutrition, quitting smoking, reducing alcohol intake or helping reduce social isolation.

So much has already been achieved but there is much to do, and nurses and midwives have vital roles to improve health and reduce inequality.

Thank you for your hard work and commitment so far, let’s continue to be a force for change.

Spreading Compassion in Practice and the 6Cs

#hello my name is... Juliet Beal

Director of Nursing: Quality Improvement and Care,
NHS England and National Senior Responsible Officer for
the Compassion in Practice programme

Nurses and midwives have shown incredible leadership for compassion, and should be proud they have led on the values of the 6Cs, which are fundamental to providing excellent care. They have led the way in implementing and role modelling the values of compassionate care across health and social care.

The '6Cs are for everyone' initiative is growing across health and social care. Other professions, both clinical and non-clinical, are signing up to the values of the 6Cs. There are examples of commissioners basing the services they commission on the values of the 6Cs, and examples of how the 6Cs have been implemented in many different care settings, some of which you will find in this report. There is now a great deal of qualitative evidence about how the 6Cs improves care. We are working to look at further quantitative measures, and have commissioned some research to evaluate the difference Compassion in Practice has made to both the people we care for and staff.

The 6Cs continue to find new supporters and advocates as part of a social movement, and the adoption of the values outside of nursing, midwifery and health care assistants feels like a natural evolution, which is no surprise. People relate to the 6Cs because they are real and universal.

6Cs has a growing social media following, it has also featured in virtual webinars and at live events. The 6CsLive Twitter account currently has 8,900 followers and thousands of interactions and mentions each month, while the monthly 6Cs bulletin, which previews events, provides news and signposts content and resources goes out to over 9,000 subscribers.

14,000 people visit the 6CsLive! Communications Hub each week to find out about events, read blogs and participate in discussions via the 26 communities set up by healthcare professionals. And videos posted on the 6CsLive YouTube channel have been viewed more than one,600 times.

Campaigns are concentrated on weeks of action, supporting each of the Action Areas. These involve numerous webinars, conferences, seminars and the chance for all to challenge the team delivering on the Action Area.

Our challenge now is to maintain interest, provoke discussion and keep the 6Cs at the forefront of all we do.



“

Nurses and midwives have shown incredible leadership for compassion and should be proud they have led on the values of the 6Cs, which are fundamental to providing excellent care.

Juliet Beal

”

Compassion in Practice - commissioning and Care Makers

#hello my name is... Hilary Garratt

Director of Nursing, Commissioning and Health Improvement

“

The Care Maker community is one I'm really proud of. We have over 1,500 Care Makers who are inspirational in their support and implementation of the 6Cs.

Hilary Garratt

”

There are some key areas that are helping us to deliver Compassion in Practice. These are our inspirational and dedicated Care Makers, and the work that is being led by the commissioning nurse leaders within Clinical Commissioning Groups (CCGs), NHS England and Commissioning Support Units (CSUs).

The Care Maker community is one I'm really proud of. We have over 1,500 Care Makers who are inspirational in their support and implementation of the 6Cs. This community of volunteers is significant in their ability to promote and deliver Compassion in Practice, and many Care Makers promote national campaigns such as Stop the Pressure. Others lead local projects that support Compassion in Practice Action Areas and bring about local improvements.

We now have a regional support infrastructure via regional Care Maker co-ordinators who provide support and co-ordination of Care Makers in the regions. Care Makers now represent many professions from chaplains to Allied Health Professionals and clinicians, from Non-Executive Directors and Chief Executive Officers to colleagues within estates, finance and commissioning. We also have patients as Care Makers too.

Right now we are piloting the placement of Care Makers within CCGs helping to develop clinical commissioners of the future and help CCGs learn from people who are delivering and experiencing care at the front line.

The Commissioning Nurse Leaders Network (CNL) was established in 2013 and now has 418 members that represent director level nurses within CCGs, NHS England and CSUs. It's the only national network for senior commissioning nurse leaders and was developed to help members to maximise their professional leadership and commissioning role within the commissioning system. Just this year the network has delivered 16 face-to-face events including three national events, three conferences, and a series of webinars. The next phase of development for the CNL includes exploring innovative ways of working in partnership with the public continuing the development of the system leadership of commissioning nurses and reinforcing the statutory role and leadership potential of senior nurse leaders in CCGs.

We have seen many examples of how commissioning nurses have used both the 6Cs and Compassion in Practice to bring about system improvements. Continuing health care is just one example of where the 6Cs can be used alongside a legislative framework and compliance process to improve patient experience. The South region has developed a 6Cs assurance process for CHC for use by commissioners and providers to ensure patients and families going through the continuing health care process are treated with care, compassion and particular attention paid to communication at what can seem an overwhelming time. We are now rolling this framework out nationally.

We have great examples of commissioning nurses working with care home providers on development of standards around the 6Cs. The Vale of York CCG has recently developed an online benchmarking quality tool for Care Homes and the Newcastle and Gateshead CCGs have used the 6Cs framework to base their quality assurance within their care homes around. We also have whole CCG governing bodies that have created their whole organisational strategies in line with the 6Cs. Tameside and Glossop is just one example of where this has happened.

Commissioning nurse leaders have done a huge amount of work on person-centred safeguarding to make sure policies for our most vulnerable are based on the 6Cs. Work is progressing on mental capacity act, female genital mutilation and child sexual exploitation. In all our safeguarding work we make sure that we listen to users and carers. We have worked with drama groups made up of people with learning difficulties and we are also privileged to work with and sponsor Julie Warren Sykes, professional and service user who has and continues to influence us all through her own experiences of the safeguarding system.

Commissioning nurse leaders and Care Makers continue to make a significant contribution to the implementation of Compassion in Practice and this is something we are immensely proud of.



“

We have great examples of commissioning nurses working with care home providers on development of standards around the 6Cs.

Hilary Garratt

”

Compassion in Practice - nursing in social care

#hello my name is... David Foster

Deputy Director of Nursing and Midwifery Advisor at the Department of Health and Senior Responsible Officer for Action Area 1

“

Nursing in social care is diverse, challenging and rewarding. It can focus on the most fundamental care to the most sophisticated of interventions.

David Foster

”

There are around 50,000 nurses and 1.1million care assistants working in social care. That's a huge workforce giving care of varying complexity in a range of settings. Much of it is publicly funded (by the NHS and local authorities) and some is self-funded by individuals. And a lot of it is hidden from view, especially domiciliary care given in people's homes. Because the Care Quality Commission now registers and inspects adult social care that visibility is changing - the CQC reports are influencing how care is provided and stimulating improvements in the quality of care. In State of Care, the CQC quite rightly identifies that there are examples of excellent care across the country, but there is also variation. The 'Five Year Forward View' also identifies that the NHS needs to give greater support to frail older people living in care homes with more shared models of care. These are issues that we need to address in the next year of Compassion in Practice.

In my visits to care homes with nursing and independent sector hospitals I have seen superb care with strong nursing leadership.

Three examples illustrate this:

- At a nursing home with 43 residents I was immediately struck by the dependency of the people needing care. Continuous oxygen, frequent pressure relief and help with the toilet were obvious demands. Meeting the registered nurse was a joy. Administering medicines took considerable time, but his care and diligence was obvious. He was remarkable in his attitude to older people and evidently loved his work. But even more remarkable for me was his autonomy. His judgements, his clinical decision-making were his alone. Of course there are others in the team to contribute to discussions about evaluating and modifying care, but on this shift he was the only accountable registrant. That's not to say they were short staffed that day, the home consistently meets its own exacting staffing requirements and national standards. Exemplified by this nurse, I saw the importance and authority of nursing played out in a lone practitioner on whom some very vulnerable people were wholly reliant. I was full of admiration for him, and those many, many thousands like him, who carry this responsibility for highly personalised care with absolute professionalism and dedication.

- Visiting a very special specialist care centre I saw people who were extremely dependent on the staff for what was incredibly personalised care. The dependency was high – and so was the acuity. All the residents were in wheelchairs of various sorts. And there were also patients who have complex respiratory needs, and is the type of care I am sure will be seen more often in such very specialist care centres and even at home. I saw one man who had experienced a significant brain injury; he was missing most of his left hemisphere and the skull that should have covered it. He had been transferred from hospital with low expectations of rehabilitation, but he is now able to feed himself, communicate his needs and enjoy the company of the friends he has made at the home. The staff have refreshed their intravenous drugs administration skills so that, if a patient’s condition deteriorates through infection, they don’t move the patient into hospital they can give IV antibiotics at the home and keep the patient in their familiar environment.
- The atmosphere in an independent sector medium secure hospital for NHS patients was different again. All the patients were in locked wards and being treated for a range of conditions from personality disorders to the most profound mental health problems. Some were repetitive offenders and a few guilty of the most violent crimes imaginable. All were being treated with the utmost dignity and respect in a compassionate and therapeutic environment. The support within the teams was palpable. And again there was a significant degree of nursing autonomy with medical interventions limited to when nurses judged it was necessary.

Nursing in social care is diverse, challenging and rewarding. It can focus on the most fundamental care to the most sophisticated of interventions. It revolves round teams but can also be focused on isolated, individual practitioners to make judgements about care. These nurses work with some of the most vulnerable, most elderly and most frail people in our society.



“

In my visits to care homes with nursing and independent sector hospitals I have seen superb care with strong nursing leadership.

David Foster

”

Action Area



Helping people to stay independent, maximising wellbeing and improving health outcomes

How does this Action Area link to the 6Cs?

We use the values of the 6Cs as the basis for support for people across all sectors (with a particular focus on public health and social care) to make sure they stay as healthy as they can possibly be.

What this Action Area does:

We look at how every person involved in providing care and support can help people manage their health and wellbeing more effectively; we make sure individual needs are identified and that appropriate support is in place, including supporting people to self-manage long-term health conditions when they are able, and want, to do so.

Also, we make sure *every contact counts* wherever care and support is delivered.

#hello my name is... David Foster

Deputy Director of Nursing and Midwifery Advisor at the Department of Health and Senior Responsible Officer for Action Area 1

Improving the health of people across the population – in communities, families and for individuals is vital if we are to create a healthy society. So, we are focused on how we can make real changes in public health and social care that improves and promotes healthy lives. Through health promotion and protection, talking to and getting feedback from communities and supporting healthcare professionals working in community settings such as schools and clinics we are working hard to promote health and wellbeing across public health, support services and within nursing and midwifery.

The Framework for Personalised Care and Population Health

To help community nurses, midwives and allied health professionals focus on prevention and health promotion as part of their practice, Public Health England and the Department of Health launched a Framework for Personalised Care and Population Health. (<https://www.gov.uk/government/publications/framework-for-personalised-care-and-population-health>).

This provides a national model for practice at individual, family, community and population levels. It gives access to evidence-based research, guidance, standards, good practice interventions and outcome measures for healthcare practitioners, managers, educators, commissioners, researchers and national professional leaders.

The framework contains a number of worked examples in the following high priority areas:

- alcohol
- antimicrobial resistance
- dementia
- healthy two year olds
- homelessness
- tuberculosis
- falls
- beginnings of life
- respiratory disease

The response and feedback from frontline practitioners has been good. They say the framework helps them deliver the public health parts of their jobs. Educators have also embraced it with enthusiasm and are using it to teach student nurses about the principles and mechanisms of public health. The framework is helping healthcare professionals deliver public health and provide nurses, midwives and allied health professionals (AHPs) with ready access to information.



“

Improving the health of people across the population – in communities, families and for individuals is vital if we are to create a healthy society.

David Foster

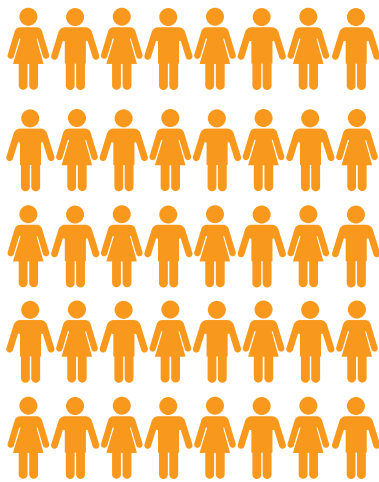
”



There are now

5.8 million

carers in England & Wales



The framework also supports Making Every Contact Count (MECC) in which every contact between a health and social care professional and a member of the public is seen as an opportunity to provide basic health promotion advice and sign-posting to local support services if needed. Relevant National Institute for Health and Care Excellence (NICE) guidance, including Behaviour Change Guidance, can also be accessed through the framework.

What we've achieved so far

In our first year, the focus was on developing the processes and frameworks, along with providing expert guidance and communication networks. This year we have taken this further by providing practical tools that help health professionals to improve health for all. We have:

- been giving children and families the best health start possible through national health visiting and school nurse development plans, including the school nursing pathway to help young carers (*caring for the carers*);
- identified innovative nursing practice from the work that mental health trusts are doing to improve the physical healthcare of people with mental illness;
- launched a professional pathway for district and general practice nurses, other health professionals and commissioners to provide information on how community nursing can be used to support adult carers;
- launched the Early Years High Impact Areas guidance/plans with NHS England. These documents support local authorities in commissioning children's public health services;
- published guidance that supports effective commissioning of school nursing services to provide public health for children; and
- held three successful *weeks of action* which have focused on promoting health protection, personalised care and population health and supporting families to give children and young people the best start in life.

The importance of Carers

By securing funding from the carers' grant, a nursing work stream was developed to support improving the health outcomes of carers.

In year one the work centred around school nurses and SAPHNA (School and Public Health Nursing Association) to find out how much we knew about young carers' needs. In year two several focus groups with young carers helped to gain better understanding of their health and wellbeing needs, and how they thought school nurses could better support them. This resulted in the development of the young carers' pathway.

Three young carer champion training days were delivered in partnership with the Children's Society and Carers' Trust when young carers were able to share their experiences and talked about what would help them. E-learning tools have been developed by Royal College of Nursing (RCN) and Queen's Nursing Institute (QNI) to support nurses and to ensure they are more carer-aware. Both resources are being used frequently and were well-received.

Also in year two, a similar process was used with district nurses and general practice nurses, to look at carers' needs and provide seamless support. The adult carer pathway was launched in June this year. Awareness sessions for the profession have been delivered and interest has grown. To meet this demand QNI and the RCN have been commissioned to deliver more sessions.

Also, we are jointly hosting a celebration event in June 2015. We want to use what we learn from this event to determine how we can link to secondary care, particularly with carer involvement in discharge planning.

The new pathway provides a framework for district, school and general practice nurses on which to develop new ways of working, strengthening partnership approaches and providing personalised healthcare for carers – which will mean addressing service challenges and finding solutions to address local issues.

There is great innovation being developed locally, with evidence of more awareness, better links with GPs, children's services and schools.



“
There is great innovation being developed locally, with evidence of more awareness, better links with GPs, children's services and schools.
 ”

Case study:

Maximising health outcomes for patients

An elderly yet fiercely independent patient who was suffering from a urinary tract infection, and was at risk of rapid deterioration if left to care for himself.

The patient's GP contacted the Single Point of Access team at the local trust for assistance. The team assessed the situation and were able to put in place services to support him at home while he was recovering. An integrated care team of physiotherapist, occupational health worker and a social worker went out to meet and assess him and put in place the support and the equipment required.

The assessment also showed that the patient needed help with day-to-day living so the team arranged carers to support him with dressing, washing and cooking his meals until he was back on his feet.

Because of the support of the Clinical Navigator Team (single point of access for all clinicians who wish to admit patients into hospital), an unnecessary hospital admission was avoided and the patient was able to stay at home in his own environment. After a week he was back to his normal health and the support was removed over time.

Case study:

Helping a patient stay independent

Michael is 34 and has been living with schizophrenia for at least 15 years. He lives in a supported hostel but is regularly admitted to the psychiatric hospital during periods when he is unable to cope. When Michael's mother became very unwell with pneumonia, the response from him was to increase his cannabis use. As a result, the hostel where Michael lived threatened to evict him. This added to Michael's paranoia and became the subject of his auditory hallucinations.

Thankfully, Michael has a good relationship with his Community Psychiatric Nurse (CPN). She knew that his response to his circumstances was not unusual in the context of his illness and that at the time of extreme stress his cannabis use increased. When Michael contacted her about his mother's condition, she made sure she visited him the same day to evaluate the situation and provide support.

By being open and honest with Michael, his CPN was able to work with him using a harm reduction approach. She didn't get Michael to stop using cannabis, but to make him use cannabis as safe as possible (DoH, 2002; NICE, 2011).

Through conversations about his drug use, she was able to raise concerns about his increased drug use and the link between this, his symptoms and difficulties at the hostel. This intervention saved Michael from losing his home, and helped support the relationship between care giver and patient.

The future for Action Area 1

To ensure progress continues, we will be working across sectors to help integrate health, care and support services and making sure practice is supported by appropriate technology.

The projects include working with leaders from across the health and care system to identify what can be done to improve the supply of nurses in the adult social care sector. We will also be supporting Skills for Care to embed the 6Cs in the Social Care Commitment and the Care Certificate.

We will be working with partners in the charity sector on a series of shared projects such as providing guidance on lower limb care with the Lindsay Leg Club Foundation (www.legclub.org) and with the independent sector through Care England to develop good practice guides which will look at improving the care for people with dementia.



“

We will also be working hard on developing the public health role for midwifery in the coming 12 months.

”

With the Foundation of Nursing Studies, we will produce practical guidance for nursing leaders working across health and social care sectors to deliver and hold others to account for improvements to patient care and promoting and enabling a culture of compassion.

Our collaborations extend to working with the Oxford University Department of Psychiatry ‘*True Colours*’ project to monitor physical long-term health conditions including inflammatory bowel disease (e.g. ulcerative colitis and Crohn’s disease) and musculo-skeletal disease and working with the Queen’s Nursing Institute to support a technology event showcasing good practice and supporting the dissemination of innovation.

We will also be working hard on developing the public health role for midwifery in the coming 12 months. Midwives have a major role to play in improving public health. In fact for many, pregnancy may provide the first sustained contact that a woman or her partner has with health services. We are supporting a Royal College of Midwives (RCM) project to look at mapping the public health activities of midwives and maternity support workers to guide workforce planning and educational requirements.

Action Area

2

Working with people to provide a positive experience of care

How does this Action Area link to the 6Cs?

This Action Area ensures that we embed the 6Cs into daily tasks and use these to evaluate the standards of care and support received.

What this Action Area does:

This Action Area supports local services to help them get the views of the most vulnerable people and use their responses to make improvements to how patients experience care.

We work to maximise opportunities to capture feedback, add this to discussions and work to improve quality throughout. We also support the roll out of the Friends and Family Test which gives patients a voice and enables nurses to listen to and act on their views and experiences.

#hello my name is... Neil Churchill

Director of Patient Experience and Senior Responsible Officer for Action Area 2

This Action Area is all about making sure the standard of care that we give is the highest possible. By working with people to provide a positive experience of care and ensuring through interaction, communication and findings from the Friends and Family Test (in the NHS) we seek to promote high quality care to our patients. The quality of experience of care is just as important as its effectiveness. This Action Area supports our aim to make sure we treat everyone with dignity, empathy and respect. We listen to patients and by looking at reported and un-reported patient and carer experiences we use this direct patient feedback to improve the quality of care we provide.

Improving patient care

One of the commitments highlighted in *'Hard Truths'* was the need to act on patient feedback.

To this end, the Friends and Family Test is improving patient care within the NHS by using both positive and negative patient feedback.

The test was recommended by the Nursing and Care Quality Care Forum, which intended to identify and share best nursing practice. The test was implemented following a consultation with healthcare providers, professionals, care staff, patients and their families.

By publishing the findings, the public can be reassured that the quality of care they or their family receive is of a good standard and know that they can speak openly and freely about the standard of care received. The results will also help improve patient experience by highlighting priorities for action and by helping other services to raise standards, which is positive for everyone.

The vast majority of respondents said they would recommend the service (from 87 per cent for A&E to 96 per cent for maternity).

Positive patient experiences

Securing patient feedback is only the beginning, the point of seeking views however is to improve people's experience of care.

Overall, we have helped nurses to listen to, seek out and act on patient and carer feedback, ensuring their voice is heard. By making sure local managers see this as part of their everyday role we are ensuring that nurses and others are supported to spend the necessary time listening to patients and their carers.



“

The support for the implementation of the Friends and Family Test has contributed positively to the 'Hard Truths' commitment that 'we will seek out and act on feedback, both positive and negative'.

Neil Churchill

”

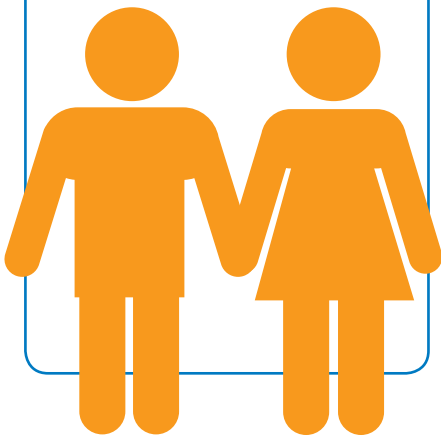
One way this is being done is by using the 'hand-over' element of the productive ward series to get and use patient feedback in everyday practice, especially by focusing on the delivery of the 6Cs and in particular communication, to make sure there is always good quality information at point of handover and in patient records.

In many hospitals people can see what has happened as a result of feedback that has been given with feedback boards on wards and public areas to visibly show all users of services 'you said - we did this'. This is usually changed at least monthly and information is displayed on notice boards, bedside units and TV screens to get the messages across.

Increasingly information about key patient experience measures is available to the public - on NHS Choices, on NHS provider Trust websites and in board papers in accessible formats.

96%

of FFT maternity respondents said they would recommend the service



What we have achieved so far

In our first year we focused on delivering the national policy objectives for patient experience. This included the roll out of the Friends and Family Test to acute in-patients and those using maternity services.

In our second year we have focused on consolidating and building on achievements in year one such as the roll out of the Friends and Family Test to acute in-patients and those using maternity services. We have used feedback from patients to build a rich picture of the 6Cs in action.

We have supported local commissioners and services to find out what the most vulnerable patients think, which has included using our networks to embed the 6Cs into discussions with vulnerable groups.

We have also worked with the Point of Care Foundation and the Trust Development Authority to plan the revitalisation of a previous provider network of directors of patient experience to share best practice, provide mutual learning and support and feedback.

What is the Friends and Family Test?

The Friends and Family initiative is a test to improve patient care and identify the best performing hospitals in England. Patients are asked a simple question: whether they would recommend hospital wards and/or accident and emergency units to a friend or relative based on their experience.

This year we have supported the roll out of the Friends and Family Test on a local level. We have supported local services to find out what the most vulnerable patients think, which has included using our networks to embed the 6Cs into discussions with vulnerable groups. This information has been captured and used effectively to make sure we can make improvements where they are needed most.

A review of the Friends and Family Test implementation has taken place since it was first introduced, and improvements have since been made. The implementation guidance addressed a wide range of issues that weren't well covered in the previous guidance such as the way feedback is used to make improvements and addressing the needs of more vulnerable groups of patients – making it more inclusive.

We ensured that there is a strong emphasis in the most recent Friends and Family Test guidance on using feedback for improvement and on making it inclusive of more vulnerable groups of patients.

We collected and published case studies examples of where the Friends and Family Test has been used for improving experience of care in line with the guidance. We also have begun work with NHS Improving Quality of a knowledge portal which brings together patient experience improvement methods, case studies, as well as signposting to resources which will address the needs of different professional groups.

Supporting local commissioners

We supported NHS commissioners to develop levels of ambition to improve poor experience of care, assess and improve the experience of vulnerable groups of patients and demonstrate improvement by acting on feedback. We also support the development by NHS Improving Quality of a knowledge portal which brings together patient experience improvement methods, case studies, as well as signposting to resources by identifying the needs of professional groups

In February 2013 we published best practice guidance for commissioners, providers and nursing, medical and allied health professional leaders on: *'Safe, compassionate care for frail older people using an integrated care pathway'*.

“

We ensured that there is a strong emphasis in the most recent Friends and Family Test guidance on using feedback for improvement and on making it inclusive of more vulnerable groups of patients.

”

Commitment to Carers

In May 2014, NHS England published its *'Commitment to Carers'*. The commitments are a result of working in partnership with NHS Improving Quality (NHS IQ), The Standing Commission for Carers and in collaboration with the RCGP, The Carers Trust and Carers UK and carers themselves. They set out to appreciate the role, impact on society and experience of care and support that carers receive across the NHS in England, and set out priorities for improvement.

The Commitments included developing the evidence base and sharing learning through four Regional Evidence Summits, again delivered in partnership. Evidence gathered from these events has been used to design a set of Commissioning Support Principles for carers' services, which will be published by NHS England in December 2014.

Young adult carers told us that often high level policies and strategies do not seem to make reference to them and services being commissioned do not always reflect their needs. In order to provide the opportunity for young carers to address their concerns to 'decision makers' in health, NHS England and its partners held a 'no suits' event in October 2014. This event enabled young carers to share their stories and to describe the key issues that need addressing in order to improve their health and well-being. The actions from this event will be published in the New Year.



The importance of Carers

By securing funding from the carers' grant a nursing work stream was developed to support improving the health outcomes of carers.

In year one the work centred around school nurses and SAPHNA (School and Public Health Nursing Association) to find out how much we knew about young carers' needs. In year two several focus groups with young carers helped to gain better understanding of their health and wellbeing needs, and how they thought school nurses could better support them. This resulted in the development of the young carers' pathway.

Three young carer champion training days were delivered in partnership with the Children's Society and Carers' Trust when young carers were able to share their experiences and talked about what would help them.

E-learning tools have been developed by Royal College of Nursing (RCN) and Queen's Nursing Institute (QNI) to support nurses and to ensure they are more carer-aware. Both resources are being used frequently and were well-received.

Also in year two, a similar process was used with district nurses and general practice nurses, to look at carers' needs and provide seamless support. The adult carer pathway was launched in June this year. Awareness sessions for the profession have been delivered and interest has grown. To meet this demand QNI and the RCN have been commissioned to deliver more sessions.

Also, we are jointly hosting a celebration event in June 2015. We want to use what we learn from this event to determine how we can link to secondary care, particularly with carer involvement in discharge planning.

The new pathway provides a framework for district and school and general practice nurses on which to develop new ways of working, strengthening partnership approaches and providing personalised healthcare for carers – which will mean addressing service challenges and finding solutions to address local issues.

There is great innovation being developed locally, with evidence of more awareness, better links with GPs, children's services and schools.



“

Our Stafford integrated care team put the 6Cs at the heart of everything they do and won our 6Cs Live challenge award.

”

@staffpartnership

Case study:



Listening to and acting on patient feedback

An elderly patient at Wrightington Hospital told the Quality and Safety Matron that her care was excellent, but also felt confident enough to say when it wasn't.

Whilst the patient felt her care was excellent, she confided that she missed home and family. A nurse who was caring for her decided to pin a collection of photos to the wall. This simple act of compassion helped to boost the patient's mood whenever she was feeling down.

A good patient experience leads to a better recovery and in this case meant getting the patient home to her loving husband and family as soon as possible.

Croydon Health Services have done lots of things to improve the patient experience, including running a new weekly series in the internal e-newsletter for staff called: *"What have you done today...to improve care and patient experience?"* It's just one way of improving staff engagement to create a culture of shared learning and good news stories.

One nurse helped an anxious patient prepare for a colonoscopy by helping with her feelings of vulnerability about the gown and underwear she was given. By talking to her at eye level, introducing herself and then helping the patient feel securely covered up, she helped the patient feel prepared.

Maintaining a patient's dignity is such a simple thing to do, and can change a patient's experience in an instant. By sharing examples of good news stories like this with the whole staff, the team can prove that they are listening to patients and demonstrating the 6Cs in their day-to-day tasks.

Case study:

Taking the 6Cs into prison

In Shropshire and Staffordshire, the Area Team spoke to young offenders in prisons across the region to find out more about their health care provision. The pilot study looked at how to address challenges such as access to the Friends and Family Test (FFT) and finding ways to make the test more accessible and gain valuable feedback.

Issues such as language and literacy levels and access to computers were tackled. To get over language problems the team developed a mock-up of a comment cards using happy and sad faces.

Focus groups were also held where it was suggested that FFT could be asked by peer mentors and health champions. It was felt that more feedback would be gained using this methodology, as prisoners are more likely to express their concerns to peers.

The work in this area has shown how prisoners want to help shape the way their healthcare is delivered. The pilot gave valuable insight in to how prisoners wish to give feedback, and the fact that 'one size does not fit all'. This will lead to further work to look at bespoke action plans including format, methodology and prisoner engagement. This work also led to the conclusion that we should use FFT along with a suite of patient experience indicators; NHS Choices, complaints and patient advice and liaison trends.



The future for Action Area 2

We have begun a programme of work to develop a small core set of 'Always Events' in the NHS in England.

Always Events are intended to support consistency in personal interactions between staff, patients and carers. Always Events are things that should always happen. It is a development of the 'never events' work (things that should never happen) and builds on the legacy of Kate Granger's '#hellomynameis' campaign. So far we have been consulting with nurses online (website, twitter, Facebook and email) to engage them in the programme and give them the chance to provide suggestions for Always Events – asking them what they think should always happen in practice. More than 40 nurses have already suggested Always Events that range from 'always see the person not the diagnosis' and 'always explain procedures in a way the patient understands' to always remember to make reasonable adjustments to support people with learning disabilities and provide the same standard of effective care to all'.

This programme of work will run throughout the summer with a series of co-design events with staff and patients. The development of the events will be finalised by December 2014. We are planning to hold a launch event in January 2015 and another event in March 2015.

“

More than 40 nurses have already suggested Always Events that range from 'always see the person not the diagnosis' and 'always explain procedures' in a way the patient understands.

”

Action Area

3

Delivering high quality care and measuring impact

How does this Action Area link to the 6Cs?

We use the values of the 6Cs along with metrics and information as the basis of the 'Open and Honest Care: Driving Improvement Programme'.

What this Action Area does:

The 'Open and Honest Care: Driving Improvement Programme' supports trusts to become more transparent and measurement focussed by publishing harm and experience information their website. This is then used to improve the quality of care provided and experienced by patients, families and staff.

We also support the development and implementation of the NHS Safety Thermometer in a variety of care settings.

#hello my name is... Gill Harris

Chief Nurse NHS England (North) and
Senior Responsible Officer Action Area 3

This Action Area promotes the use of measurement and openness to understand and improve care. It builds on the evidence that organisations with a high reporting culture can be safer and deliver higher quality care consistently.

What we have achieved so far

In the first year we worked with stakeholders to agree a set of metrics and information that both acute trusts and the public would find useful.

These were:

- NHS Safety Thermometer
- Pressure ulcers
- Friends and Family Test (FFT)
- A patient story
- Healthcare associated infections
- Falls
- Staff experience and staff FFT
- An improvement story

We used existing metrics wherever possible to reduce the burden of data collection, whilst maximising the benefits of data publication. 23 Acute Trusts participated in year one, this has now increased to 30, of which there are a number of integrated trusts who publish both acute and community information.

During year two we have developed an 'Open and Honest Care Programme' for maternity services. This involved focus groups for minority groups, new mums and dads and groups such as National Childbirth Trust, Birthchoices UK, Association for Improvement in Maternity Services (AIMS), Royal College of Midwives and the strategic clinical maternity networks in the North.

We have also embarked on an ambitious Call to Action to reduce stillbirth and early neonatal death. This work is aligned with the national team and is called 'Saving Babies' Lives'. A care bundle has been developed and an event was held in October 2014 to share the care bundle and encourage further engagement in its development. It will be launched nationally in 2015.

Other successes include: a poster presentation at the Institute for Healthcare Improvement 26th National Forum on Quality Improvement in Healthcare; an independent evaluation of the programme and sharing our learning through poster presentations, webinars, national conference presentations and an article in the RCN Journal of Nursing Management.



“

Hard Truths identified a need for a fundamental change in culture; a need to improve transparency and create an open culture dedicated to learning and improvement that reduces avoidable harm, to ensure 'safe care for patients, treating people as partners, and supporting staff to care.

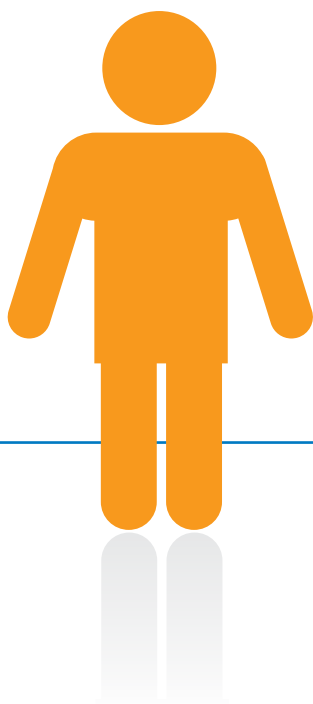
Gill Harris

”

There are now

30

Acute Trusts, and
one Community trust
publishing open and
honest Care Reports on
their websites



Open and Honest Care: Driving Improvement

Hard Truths identified a need for a fundamental change in culture; a need to improve transparency and create an open culture dedicated to learning and improvement that reduces avoidable harm, to ensure 'safe care for patients, treating people as partners, and supporting staff to care'. It set the scene for a culture which is dedicated to learning and improvement to reduce avoidable harm in the NHS.

'Open and Honest Care: Driving Improvement' aims to support NHS organisations be more transparent and consistent in the measurement and publication of their safety, experience and improvement data; with the aim of improving practice and creating a culture of compassion.

Participating trusts publish a standardised report each month on their website. All trusts are also detailed on the NHS England website. The content of the report is detailed under the section 'What have we achieved so far'.

Human factors

Participating trusts have also been offered the opportunity to be part of the 'Investing in Behaviours' programme.

Originally conceived in July 2012 Investing in Behaviours is a product of addressing issues raised by the Francis Inquiry and to underpin safety and quality improvement work with actions that address Human Factors. From 2009-2012 the former North East SHA led a three year improvement programme called 'Safer Care North East'. This programme delivered many improvements for quality and safety across a number of core services including areas such as diabetes and safer surgery. The clinicians leading these pieces of work however recognised that focussing on systems and processes alone could only deliver improvements to a point – the missing link was how to address the fact that human error exists. A faculty of Human factors was established and clinical teams worked with pioneers from the airline industry to develop the knowledge base of human factors in patient safety. For example this includes a new perspective on working as part of a team and the benefit this can have in terms of leadership, patient focus and utilisation of staff. This work was funded by the Health Foundation and a training guide was published in March 2013.

Investing in Behaviours has two elements; firstly it is underpinned by the Kirkpatrick evaluation model which ensures that any action, intervention or training, delivered to support improvement, delivers behaviour change rather than just the acquisition of a technical or theoretical skill; secondly individuals and clinical teams are supported with 'Insights Discovery', a programme that delivers changes in individuals, in teams and ultimately organisations. This programme supports teams to better understand 'human factors' and how related interventions can lead to a change in culture and the sustainability of improvements in care. Organisations taking part in the programme are supported to undertake cultural assessments before and after interventions.

The future for Action Area 3

There are five priority actions for the future for Action Area 3:

1. Scale up and spread across the country of 'Open and Honest Care: Driving Improvement'. Our ambition is that every acute/integrated/maternity trust will publish their data and improvement work.
2. Extend the information set to include Safer Staffing, Never Events and other harms.
3. Develop an 'Open and Honest Care: Driving Improvement Programme' for mental health services that is aligned to Parity of Esteem.
4. We will continue with our call to action to reduce stillbirth and early neonatal death and support the implementation of the Saving Babies' Lives Care Bundle.
5. Organisations beyond the North of England who participate in 'Open and Honest: Driving Improvement', can be supported with the Investing in Behaviours programme.



“

*A spontaneous hug
from a patient today.
There are days when
I feel guilty how
privileged I am to nurse.*

”

Dan
@gracenglorydan



Background

The 2008-2011 Safer Care North East programme demonstrated patient safety improvements however identified that barriers to further improvements stemmed from behaviours in both the clinical and managerial workforce.

The Investing in behaviours programme was developed in direct response to these findings to facilitate the focus of change to behavioural as opposed to purely system focused. The aim was to triangulate existing indicators to determine measures for improvement. Each participating organisation identified their own improvement plan with the view of then sharing their learning.

Nine participating provider organisations

- City Hospitals Sunderland NHS Foundation Trust
- South Tyneside NHS Foundation Trust
- Tees, Esk and Wear Valley NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust
- Gateshead Health NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust
- North East Ambulance Service NHS Foundation Trust



What we did

Each organisation committed to undertaking a cultural assessment which when triangulated with patient experience data, staff survey results and existing quality indicators and metrics supported the identification of specific areas of focused improvement.

Strategic Board level outcomes were identified by each organisation.

Implementation plans were developed using the **Kirkpatrick** methodology – engaging hearts and minds and demonstrating return on expectation but also building a chain of evidence to increase the evidence base of shifting the focus to behavioural change to improve outcomes.

Insights Discovery (Investing in Behaviours) was used to support individual staff members understanding themselves and their own behavioural preferences, those behaviours within their own teams and those within their organisations. The critical point of learning was how these behavioural preferences impacted upon their colleagues and their patients and affected outcomes.



Using the **Kirkpatrick Framework** organisations were able to:

- Define a required outcome (e.g. 20% reduction in Pressure Ulcers)
- Identify and support the critical behaviours required for this outcome
- Identify those behaviours that hinder the required outcome and strategies to mitigate.
- Insights Discovery allows individuals to discover and understand more about themselves and others. It therefore underpins the ability to adapt and connect with others to demonstrate compassion and facilitate behavioural change at individual, team and organisational levels.



Staff comments

- "Breaking down organisational barriers."
- "Greater understanding of team working."
- "Think this is a really useful exercise relevant to everyone working in the NHS."
- "The programme is interactive, challenging and thought provoking."



Case study:

Using data and measures to deliver high quality care for their patients

Sometimes it's the simple things that really make a big difference. Here Aintree NHS Trust demonstrated how they have used data and measures to deliver high quality care for their patients.

Aintree NHS Trust were one of the original eight members of the pilot of what was then called Transparency in Care (now Open and Honest Care). Since then they have evolved their data and patient story capturing system to make sure they are using the information they get to improve patient care.

One simple example that has really made a fundamental difference to patients started when, as part of a very positive story, one patient reported that meals being served weren't very warm. From the improved data system the team noticed that this was a recurring theme (they triangulate the patient stories with data from the Friends and Family Test and complaints and concerns).

The team set up a catering working group to feed into the patient experience group. Led by the catering manager, the group also consists of nurses and a patient to ensure real collaborative working. The group has already implemented changes big and small that are making a difference; new plate-warmers ensure food coming out of the kitchen is hot and chefs now regularly go to the wards to get real-time patient feedback. They are also in the process of rolling out a breakfast bar service where patients can get hot breakfast sandwiches that are cooked there and then on the ward.

"For us it's not about one report driving improvement, but bringing everything together that helps us to understand the link between what our patients are telling us and what we can do to improve their care. This work helps nurses, doctors and therapists focus on things that matter to our patients – keeping them safe from harm whilst in our care and giving them a positive patient experience."

**June Taft, Corporate Assistant Director of Nursing Services,
University Hospital Aintree.**

“

The group has already implemented changes big and small that are making a difference.

”

Action Area

4

Building and strengthening leadership

How does this Action Area link to the 6Cs?

Every person involved in the delivery of care needs to contribute to creating the right environment and give clear leadership to patients, carers, staff and colleagues.

What this Action Area does:

The Action Area aims to promote effective frontline leadership and support those in leadership positions with guidance and toolkits to measure culture in health and social care environments.

We also seek to support Black and Minority Ethnic (BME) nurses in their leadership development and identifies the culture, environment and conditions required for reflective compassionate leadership to develop and flourish, while recognising the impact of staff experience on care.

#hello my name is... Caroline Alexander

Chief Nurse NHS England (London) and
Senior Responsible Officer for Action Area 4

The aim of the Action Area is to build and strengthen leadership across the caring landscape. We know that there is a link between strong leadership, a caring and compassionate culture and high quality care. When the right leadership is evident we get safe, high quality care and a positive experience for patients and staff.

Hard Truths identified a need for healthcare providers to develop and deploy reliable and transparent measures of the cultural health of workplaces and teams.

There was also a recommendation to give priority to the core values expressed in the NHS Constitution. The overriding value should be that patients are put first, and everything done by the NHS and everyone associated with it should be informed by this ethos.

What we have achieved so far

We made great strides forward in year one and built on this in year two. We held leadership think tanks, undertook phase two of the piloting of the Care Cultural Barometer, supported the recruitment to leadership programmes and commissioned research into leadership for compassion.

In addition to the areas of work highlighted above, the leadership think tanks identified four key areas for action.

They are:

1. Strengthening leadership amongst black and ethnic minority (BME) professional communities.
2. Developing skills to challenge poor practice.
3. Promoting compassionate leadership as a good business model.
4. Developing compassionate boards.

Detailed plans for year three are being developed in response and are described later.



“

We have been working with the NHS Leadership Academy in their recruitment of 10,000 nurses and midwives to their leadership programmes and are delighted that they are on track, with over 7,000 already through or participating in current programmes.

Caroline Alexander

”

What is the Care Cultural Barometer?

The Care Cultural Barometer was highlighted in The Francis Inquiry and the Government's response, *'Patients First and Foremost'* (2013). We have commissioned King's College London to develop the Barometer and it has been piloted in acute, mental health and community settings. The aim is to provide organisations with a tool to measure the culture of care in different parts of an organisation, in order to create the right conversation between staff and managers to improve the environment in which staff work and to make it conducive to the delivery of compassionate, patient centred care.

The work will be completed and launched by March 2015.



“

We get to meet people during their most vulnerable time and make a difference.

”

Gemma Smith
@89bookworm



Compassionate leadership

Our work on compassionate leadership is putting compassion at the centre of how care is delivered and led. Evidence shows that there is a strong link between patient and staff experience and the quality of care. There is a case that leadership for compassion makes good business sense. So the challenge is to bring this to life for staff, teams, individual leaders and organisations so that compassion can thrive and people reconnect with the values and behaviours that brought them in to the NHS in the first place.

We need to understand the qualities and characteristics that are needed to support an environment where compassionate leadership enhances patient and staff experience. To do this we commissioned a piece of research to review the literature and interview role models identified by their peers as compassionate leaders. We have published the findings of this research in a handbook and field guide 'Building and Strengthening Leadership: Leading with Compassion'. This hand book and the supporting field guide will be invaluable for leaders both learning about leadership for the first time and those who want to reflect on situations they find themselves in and find helpful practical solutions to overcome leadership challenges they are facing.

Leadership programmes

We have been working with the NHS Leadership Academy in their recruitment of 10,000 nurses and midwives to their leadership programmes and are delighted that they are on track, with over 7,000 already through or participating in current programmes.

The feedback from participants has been overwhelmingly positive and increasing the number of nurses and midwives able to access this type of leadership programme is making a real difference to the front line.

Quotes from participants include;

"What an excellent course. I was dubious about what I was going to learn if anything but it is the best learning event I have attended."

"I am happy with the entire session. I want all nurses to undergo the programme."

"I feel supported by all the people I have met on this course. Feel empowered. Feel proud to be part of the nursing profession. Wish I had done this course years ago."

Making a connection between compassionate leadership and developing future leaders, **Professor Nancy Fontaine, Director of Nursing and Quality, Princess Alexandra Hospital**, a participant in the research study described her vision as:

"You can inspire and awaken. There is something about the passion and the fire within. They may have an ember and my job is to make it a roaring fire and keep it alight."



The future for Action Area 4

Looking to the future, we will build on the work done in year two

“

We will continue to work with partners to roll out leadership programmes across all disciplines, ensuring that BME nurses and midwives are well represented to reflect staffing and patient populations.

”

One example of this is the launch of the Care Cultural Barometer for organisations to assess aspects of their culture through dialogue with staff. We will further evaluate the Care Cultural Barometer as it is implemented in more organisations.

A series of national and regional round table events will be organised to explore further the concept of compassionate leadership and the importance of the culture of organisations related to this from January 2015.

We will work with Chairs and the HR community to promote open and transparent conversations in organisations to help demonstrate the impact that an appropriate BME staff mix can make in an organisation and how to address the need to support and develop the community of BME nurses and midwives to reach their leadership potential.

These elements of our plan will be highlighted with a number of events and learning opportunities during the AA4 Week of Action being planned for March 2015.

We will continue to work with partners to roll out leadership programmes across all disciplines, ensuring that BME nurses and midwives are well represented to reflect staffing and patient populations.

To support participants on leadership courses and others, we will continue the development of the Leadership Community hub on 6Cs Live as a resource for information, networking and signposting to related work.

Post leadership programme regional events will be held from January 2015 to gain insight into the impact on participants, patients, colleagues and organisations following participation on the programmes and to gather views on how senior nurse leaders can continue to support the development of future leaders.



“

Feels privileged to part of today's event – Celebration of Nursing – at Northumbria University.

”

Amy Smith
@studentnurseas

Case study:

Developing leadership at all levels to combat violence and domestic abuse

Sussex Partnership Foundation Trust is working with the Against Violence and Abuse Stella Project (a leading UK agency addressing the overlapping issues of substance use, poor mental health and domestic and sexual violence.) to help all staff 'be aware of and respond to domestic and sexual abuse'.

The Stella Project spends two days a week with the Trust sharing expertise, which is then shared across the Trust through education and training. This helps to increase compassion and competence in all staff by ensuring practice is evidence based.

Up to 15 days training is provided to frontline services, to work with both survivors and perpetrators of domestic and sexual violence, as well as train-the-trainer training and development of a domestic and sexual violence competency framework to inform long-term workforce development. There are also plans for mentor team managers and senior practitioners to become domestic and sexual violence champions.

The project aims to achieve whole organisational change which makes sure staff feel confident, competent and knowledgeable enough to ask about domestic and sexual violence, and to make appropriate responses and referrals.



Case study:

A Catalyst Summit

Following anecdotal reports that across London a disproportionate number of black and minority ethnic (BME) midwives were subject to disciplinary action, a freedom of information (FOI) request was submitted by the Royal College of Midwives (RCM) in 2012 to 24 organisations providing maternity services across London.

The key findings of the FOI request were:

- 60.2 per cent of the midwives who were subject to disciplinary proceedings were black/black British, however only 32 per cent of midwives in London were black/black British
- 10 midwives were dismissed during the time period. Every midwife who was dismissed was black/black British, 15 per cent of the black/black British midwives who were subject to disciplinary action during the time period were dismissed.



“

We need to build our knowledge and understanding of each other – not only across different BME groups, understanding language, culture and style, but extending that to understanding our colleagues and service users as individuals.

”

Working with the RCM and the London LSA, NHS England (London) sponsored a working group to investigate this issue further. The group quickly grasped the moral imperative to do something about this significant issue and agreed a collective vision for what needed to change. In order to gain commitment and momentum to reverse this trend, a social movement for change was proposed. In October 2013, our first Catalyst Summit was held with approximately 100 midwives, organisational leaders, education providers, staff side and commissioners.

The aim of the summit was to:

- share and build knowledge;
- create a shared understanding of the current picture and a dissatisfaction with the present; and
- ensure London-wide engagement and ownership of the issues – identify potential partnerships to implement solutions.

Throughout the event participants offered differing perspectives on the issues in an open and honest way and identified some shared challenges:

- There is a need for honesty and bravery to respond to these issues – we may find ourselves in uncomfortable places and personally challenged about values, views and language, However, it is important to move past this otherwise change will not happen
- We need to build our knowledge and understanding of each other – not only across different BME groups, understanding language, culture and style, but extending that to understanding our colleagues and service users as individuals. As one midwife put it – “BME means Best Midwife Ever to me!”
- We do not have enough positive role models in leadership positions – we must develop more BME Leaders.

Personal and organisational pledges were made at the summit and the working group developed a report sharing the outcome of the summit and key actions for organisations to take action on the issues locally.

Our second Catalyst Summit is planned for March 2015. We will review the evidence or not of improvement across London and continue the momentum for change at this event.

The approach taken across London to work collectively to respond to this issue has resonated with colleagues across the country and it was agreed at the CNO BME advisory group in September that the approach taken will be shared across the country.



“

Having the courage to communicate with care and compassion showing competence and commitment is key in our opinion.

”

@wenurses

Action Area

5

Ensuring we have the right staff, with the right skills in the right place

How does this Action Area link to the 6Cs?

Having the right staff with the right skills in the right place is vital to delivering the 6Cs values.

What this Action Area does:

This area offers vital guidance on ensuring the right staffing levels are in place across a range of care settings providing nurses and midwives with guidance, tools and evidence to support decision-making in relation to safe and effective staffing. It also supports the development and implementation of workforce planning tools.

We embed the 6Cs behaviours into all nursing and midwifery education, training, recruitment and appraisals.

#hello my name is... Ruth May

Chief Nurse NHS England (Midlands and East Region) and Senior Responsible Officer for Action Area 5, Part A

This Action Area is focused on making sure we provide the best level of care by having the right number of staff with the right skills and demonstrating the right behaviour to meet the needs of the people they care for.

This Action Area has two parts; one looking at the developments of tools, guidance and evidence to create the right staff mix (part A), and another focused on education and training (part B).

We also work closely with Action Area 3: Delivering High Quality Care and Measuring Impact. By doing so we are helping teams work on a local level to get the right staff mix of skills, experience and education. This means we can utilise available staff effectively within the team to make sure we are delivering the 6Cs.

What we have achieved so far

Over the last 12 months we have developed guidance, tools and resources to support nurses and midwives in planning staffing requirements. We have also been working closely with NHS Employers, Health Education England and Directors of Education and Quality to embed the 6Cs into university education and training.

Part A - developing tools, guidance and evidence to create the right staff mix

Following publication of the National Quality Board (NQB) Guidance 'How to ensure the right people, with the right skills, are in the right place at the right time – A Guide to Nursing, Midwifery and Care Staffing Capacity and Capability' in November 2013, two national events were held in March 2014. These were designed in partnership between NHS England and NHS Employers to support the implementation of the guidance. Other work in the area means that Boards now sign off and publish evidence-based staffing reviews at least every six months. Boards receive monthly updates on workforce information including the number of staff on duty, compared with the planned staffing level, the reason for any gaps and the action being taken to address them. This workforce information is looked at along with quality of care metrics to drive improvements in the quality of care patients receive.

We have identified that there is a lack of workforce planning resources for some care settings and we have specifically commissioned work to develop guidance and tools for staffing in mental health, learning disability and community settings. The Mental Health Inpatient Staffing Framework has been developed to apply a mental health perspective to the expectations highlighted in the NQB guidance.



“

We recognise the need for staffing tools for nurses in social care is as important and we are committed to working with colleagues in the Department of Health and independent providers to build on what is currently in use and where appropriate develop new material.

Ruth May

”

We recognise the need for staffing tools for nurses in social care is as important and we are committed to working with colleagues in the Department of Health and independent providers to build on what is currently in use and where appropriate develop new material.



Part B - embedding the 6Cs into university education and training

#hello my name is... **Lisa Bayliss-Pratt**

Health Education England's Director of Nursing and Senior Responsible Officer for Action Area 5, Part B

For this area Health Education England (HEE) is sponsoring the Older Person's Nurse Fellowship programme to create a 'cadre of nurse leaders who are recognised experts in the care of older people'. The fellowship is targeted at nurses with experience of working with older people in the community, acute care or mental health at a senior level, such as clinical nurse specialists, nurse consultants or community matrons. The one-year, part-time programme will consist of distance and online learning, in addition to study days, trips and residential events at King's College London

To ensure that the NHS is recruiting the right people with the right values and behaviours to be compassionate and caring, we have delivered a national values-based recruitment framework and resources that can be used by employers and universities for recruitment to healthcare posts and healthcare professional education programmes. The framework encompasses the 6Cs through aligning recruitment with the NHS Constitution.

A total of 250 aspiring nurses were recruited to healthcare assistant posts in September 2014 and have been for spring 2015 as part of the pre-degree care experience pilot for prospective nursing students without experience. This not only gives people chance to see if the job is for them, but also a chance for them to see if they are right for the job – if they have the 6Cs – before applying to be a student nurse.

The development of the Care Certificate, due for full implementation in March 2015, introduces, for the first time, a consistent standard of initial training for support workers across health and social care. The Care Certificate will test new support workers' to ensure they have competence in the skills they need, and the right values and behaviours expected of patients and their families or carers.

Tools, guidance, events and evidence developed to create the right staff mix

'How to ensure the right people, with the right skills, are in the right place at the right time – A Guide to Nursing, Midwifery and Care Staffing Capacity and Capability' (National Quality Board guidance November 2013)
<http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf>

two national events were held in March 2014 (London and Leeds) to support the implementation of the NQB guidance.

Safer Nursing Care tool for Acute Admission Units
<http://shelfordgroup.org/resource/chief-nurses/aau-safer-nursing-care-tool>

Mental Health Inpatient Staffing Framework

National Nursing Research Unit report on 12 hour shifts

Safer Nursing Care Tool for Paediatric In-Patient settings (this is currently being finalised)

Safer Nursing Care Tool for Accident and Emergency Units (this is currently being finalised)

The future for Action Area 5

Over the past two years we have made progress in this Action Area, but it's important to continue this great work to make sure we have the right staff with the right skills where they are needed.

Following the report of the Francis Inquiry and the Berwick Review, NICE have been commissioned by the Department of Health and NHS England to produce guidelines on safe staffing in the NHS. NICE has been asked to conduct a comprehensive review of the evidence in this area and produce definitive guidelines on safe staffing to support local decisions at ward and organisational level. NICE will also offer a separate endorsement process for any associated toolkits which are assessed to be consistent with the guideline recommendations. The first NICE staffing guideline is for safe staffing in adult inpatient wards in acute hospitals and was published in July 2014 (<http://www.nice.org.uk/guidance/sg1>)

NICE is currently developing guidelines for safe midwife staffing for maternity settings and for Accident and Emergency settings.

Action Area 5 of Compassion in Practice will continue to work closely with NICE and share the outputs of our work in relation to Mental Health, Learning Disability and Community nursing, which will help to inform future NICE guidance.

“

Over the past two years we have made great strides in this Action Area, but it's important to continue this great work to make sure we have the right staff with the right skills where they are needed.

Lisa Bayliss-Pratt

”

For the rest of year two we will be focusing on identifying workforce tools for use in community mental health, learning disabilities and community nursing settings.

We are also commissioning research into the three important areas to develop a greater evidence base to inform decisions in relation to safe and effective staffing.

The research will focus on:

- an assessment of ward or community nurse/midwifery leaders having a supervisory role and the impact of this on patient and staff outcomes;
- investigating the links between staffing and outcomes for staff and patients; and
- the impact of 12-hour shifts on health care assistants, nurses and patients.

NHS England and Health Education England have committed to develop a safe staffing education and training package for nurses and midwives. A working group is being established to lead this important work.

“
There are always opportunities for us to improve the way we deliver services and care for our patients.
”

Diane Sarkar, Director of Nursing,
Basildon and Thurrock
University Hospitals

A total of
250
aspiring nurses were recruited to healthcare assistant posts in September 2014



We will continue to continue to build an evidence base to support decision making in relation to safe staffing and support research to identify links between staffing levels and outcomes for patients and staff.

In education and training, we will continue to work across health, social care and education sector, to ensure that we recruit, develop and support people in the right way to continue to grow our caring and compassionate workforce. New pilots of pre-degree care experience opportunities are being introduced this year, and the Talent for Care strategy is being launched. This strategy looks to encourage the right people to join the health service, support them in their development, and enable them to progress.

Case study:

Nursing/midwifery and care staffing levels, Basildon and Thurrock University Hospitals

There is a greater focus now on ensuring that the right establishment of nursing and midwifery staff are there to meet the needs and expectations of patients.

Traditional patterns of work can make it harder to give the best service to patients. Evidence demonstrates that poorly staffed wards increase staff sickness, burnout and de-motivate staff, all of which have an impact on outcomes of care.

A considerable amount of work has been done by both the healthcare provider and Clinical Commissioning Group (CCG) in Basildon and Thurrock University Hospitals over the last 18 months to address these issues.

These include:

- a review of the nursing structure to provide a greater focus on quality, safety and patient experience;
- a full skill mix review of in-patient wards resulting in an additional investment of £1.7M (Board of Directors – May 2013);
- regular updates provided to the Board of Directors and trust management meetings (see journey for nursing skill mix review);
- extensive executive-led recruitment campaign;
- review of potential implementation of 11.5 shift pattern;
- Clinical Nurse Specialist role review, standardisation and review of job descriptions;
- a review of 'patient dependency' nurse/Health Care Assistant (HCA) utilisation; and
- a review of compliance with '*Expectations relating to nursing, midwifery and care staffing capacity and capability*' (Board of Directors April 2013).

“

Evidence demonstrates that poorly staffed wards increase staff sickness, burnout and de-motivate staff, all of which have an impact on outcomes of care.

”



A series of work streams have been established to review current practice and consider, where appropriate, more effective solutions. These are helping us establish a consistent and reliable model for assessment of patient need; apply a consistent approach to planning rosters for continuity of care and staff satisfaction; and make sure we have a consistent approach to shift working across the Trust.

We are also making sure we make best use of our temporary workforce through managing cost and booking patterns, reviewing the skill mix in clinical areas and making sure we are using our resources effectively and making sure we maximise the time spent with patients.

As part of this work it was vital that nursing and midwifery staff felt able to escalate their concerns regarding safe staffing levels. One specific output is a daily 'Stepping Up' meeting where staffing numbers are confirmed for the next 24 hours, and which enables early escalation where staffing shortages are identified.





“

So proud of our Matron team today - focused on improving care and patient experience and not afraid to show it.

”

Sam Bower
@safecaresam

Action Area

6

Supporting positive staff experience

How does this Action Area link to the 6Cs?

Positive staff experience is inextricably linked with a positive patient one. This area embraces the 6Cs in delivery of our support and tools for staff.

What this Action Area does:

This area looks at how we can support a positive staff experience by recognising excellence and best practice and showcasing examples of how trusts are engaging with their nursing workforce.

The area looks at how we can improve the public and professional perception of nursing and showcases best practice in delivery of compassionate care. It also identifies links between the delivery of compassionate care and the NHS constitution.

#hello my name is... Dean Royles

Former Chief Executive of NHS Employers and Senior Responsible Officer for Action Area 6

#hello my name is... Danny Mortimer

Chief Executive of NHS Employers replacing Dean from November 2014

Evidence shows there is an extremely strong link between staff experience and quality outcomes for patients. Part of our role is to show and promote this evidence to engage trusts and help them understand how, that by improving staff experience, they improve patient experience too. Another key area of focus is our work to review how we can improve the public and professional perception of nursing.

What we have achieved so far

We have established a national scheme to recognise excellence in Compassion in Practice, drawing from examples of best practice in the workplace, worked to strengthen the delivery the NHS constitution pledges to staff, looked at and promoted best practice placements and helped staff understand their responsibility to report and deal with concerns. This work links closely with the work of Action Area 5 and the delivery of a Cultural Barometer to measure culture in care environments.

Helping nurses to 'speak up'

Through our work to support nursing staff to raise concerns and speak up, we have made sure that all staff understand the need under the 'duty of candour' to report and deal with concerns. Duty of candour is one of the key responses to the Francis Inquiry and places a requirement on health and adult social care providers to be open with patients and service users about failings in care, the NMC and GMC.

Identifying what makes a good placement

Our research into best practice in clinical placements, preceptorship and supervision has allowed us to develop guidance called: 'What makes a good placement' – set in the context of the 6Cs. All of the examples were from employers who were each recognised for excellent provision of placements in community settings. As well as providing important information about placement provision, their examples also demonstrate the 6Cs in practice and the importance of individuals embedding these values from the very beginning of their learning and their careers.



“

Through our work to support nursing staff to raise concerns and speak up we have made sure that all staff understand the need under the 'duty of candour' to report and deal with concerns.

Dean Royles

”



We have found that, by promoting excellent nursing practice and a positive working culture amongst existing staff, trusts can provide a high quality and enriching placement experience for student nurses.

This in turn can help to attract staff with the right values to organisations, encourage retention, improve morale, and address other issues that are critical factors in the provision of outstanding patient care. Some of our other notable achievements are as follows:

- A Week of Action in March this year (2014) featured blogs, and podcasts, examining the evidence behind compassion in practice and teams and compassion, and a video which explored the links between staff and patient experience. We sent 50 Tweets which reached 55,668 accounts
- A roundtable event to explore the image of nursing. The event aimed to identify the current positive observations and concerns of the profession, what needs to change, what the challenges are and who needs to be influenced as part of this. An action plan has been developed to take these ideas forward
- Research with a number of trusts to identify good practice in embedding staff pledges from the NHS Constitution. This led to the development of case studies which are available on NHS Employers' website and have been promoted via social media, our Human Resources Director Network and Workforce bulletins.

The future for Action Area 6

- We are committed to working with local employers to improve experience in the workplace
- A Raising Concerns campaign to support staff in health and social care in their new duty of candour will be launched
- Work to ensure that staff appraisals align with the values of the 6Cs
- We are running a staff facing campaign to both support employers and employees to implement the findings of the Staff, Friends, and Family test. We will help to make explicit the link between good staff experience and quality outcomes for patients
- We are strengthening the delivery of the NHS Constitution Pledges to Staff, and the wider NHS values
- The Care Makers programme and Head Space are undertaking a unique project which will look after the health of staff minds, with mindfulness meditation.

Case study:

An innovative approach to put Compassion in Practice at the heart.

To deliver and embed the 6Cs into practice with a multidisciplinary emphasis across acute, community and midwifery.

Recognising the value of a positive culture, the team at North Tees and Hartlepool NHS Foundation Trust developed a bespoke training programme which works in parallel with other initiatives such as Insights Discovery staff profiling, Open and Honest Care, #hellomynameis and identifying multidisciplinary Care Makers throughout the Trust.

The programme places emphasis on improving teamwork, staff engagement and empowerment to improve patient experience, quality of care and service improvement. The team has a clinical focus, working closely alongside colleagues to support staff to deliver the 6Cs' values and drive home the importance of Compassion in Practice.

The model follows a standardised approach reflecting a number of initiatives ensuring patients are at the heart of everything staff do.

- **Education (6Cs/Insights Discovery)** – prior to working with clinical teams a bespoke 3-hour interactive training programme is delivered to all grades of staff. Insights Discovery training gives staff an opportunity to complete a profile, resulting in them to adapting and connecting better with teams and patients. The programme equips staff with skills and capabilities to drive the concept of the 6Cs forward every day. By introducing Insights Discovery, staff comments show they feel valued, they are able to communicate and understand their colleagues and patients needs better
- **Care Makers** – over 70 multidisciplinary Care Makers who are encouraged to share stories demonstrating the 6Cs in practice. The team holds quarterly Care Makers events within the Trust
- **Staff and visitor survey pre /post programme** – area specific data is used as a basis to measure organisational culture, encouraging staff to have courage to be open and honest. Visitor surveys provide timely information around their experience
- **#hellomynameis campaign** - is being introduced by the team throughout the organisation. It has been recognised that always introducing yourself is vital and first impressions really do make a difference
- **Sainsbury model** - introducing this model encourages all staff not to just 'sign post' but to take any member of the public within the organisation to their required destination if needed, helping to create a caring and compassionate environment
- **National Compassion in Practice Awards.**



“

Our overriding aim is to ensure everyone works towards a common purpose, where “patients are at the heart of everything we do” believing that “happy staff equals happy patients”.

North Tees and Hartlepool NHS
Foundation Trust

”

So far over 700 staff members including nursing, allied healthcare professionals and medical staff have been trained in the 6Cs, and 70 Care Makers are helping to sustain and drive these.

Qualitative and quantitative benefits are being recognised around this new way of working. These are:

- improved patient satisfaction;
- true multidisciplinary approach;
- staff feel more valued;
- reduction in complaints; and
- improved communication.

Due to our successful programme other disciplines e.g. physiotherapy and wheelchair services have requested support them in delivery of the 6Cs, highlighting the importance of patient and staff engagement and how this can influence organisational culture, enabling staff to acknowledge the strengths and values of the NHS Constitution.



Case study:

Children's hospital staff InTent on improving teamwork

In the wake of the Francis Inquiry, which highlighted the need for improved compassion in care and stronger healthcare leadership, staff at Birmingham Children's Hospital (BCH) identified a need to improve team work both within and across teams. This became the focus of BCH's annual InTent week, which draws on staff feedback and the NHS Staff Survey results to focus on a different staff issue each year.

More than 600 staff attended interactive workshops and leaders' master classes under the theme of 'Building Team BCH' and Professor Michael West of Lancaster University Management School, presented some of his research into the impact team working has on patient outcomes. Throughout the week, staff views were captured and developed into an action plan.

As a result of the week, tools and guidance were developed to support staff as team members or team leaders and the Team Maker programme for managers was launched. Shadowing schemes, mentoring and further InTent to Listen events were organised to keep feedback going.

"We recognised from feedback that many managers just didn't have some of the basic tools to help their teams work well."

Sara Brown, Associate Director for Education and Organisational Development.

To address this, they introduced the Team Maker programme that helps team leaders to understand the way that teams work.

Team Maker is a two-day facilitated workshop based on Professor Michael West's research and staff feedback on what makes a good boss. Delegates leave with a practical workbook of tools to work through and implement with their teams over a four-month period. These include communication tools, role clarity and objective setting. They then return for a master class and an assessment of progress. A before and after evaluation shows where progress has been made and leaders are awarded with Team Maker status.

"Staff are the eyes, ears and feel of an organisation. If they are not feeling listened to, supported and valued, then this impacts on how they work and on patients. We want everyone at Birmingham Children Hospital to feel part of the 'family' and to live our values every day."

Sara Brown, Associate Director for Education and Organisational Development.

“

Staff are the eyes, ears and feel of an organisation. If they are not feeling listened to, supported and valued, then this impacts on how they work and on patients. We want everyone at BCH to feel part of the 'family' and to live our values every day.

Dean Royles

”

Conclusion

Compassion in Practice reflects the values and actions that support high quality care. Compassion in Practice is about people - the people we care for and support every day, very often at the time they need us most.



This report has enabled me to reflect on the scale and volume of improvements made over the past two years. I consider it as much of a privilege to work in this profession as I did when I qualified as a nurse 32 years ago.

The work reflected within Compassion in Practice, and described in this report, is testament to the hard work demonstrated by health care staff, in the midst of everyday pressures.

We now have solid foundations built on a firm focus and strong values. This gives us a firm basis on which to enter the third year of the Compassion in Practice strategy, a time that will be shaped by the *'Five Year Forward View'*.

The Forward View opens up opportunities for us all to work together. We are ideally placed to lead, shape and work within the new models of care that will shape the future for all who use health care services in the future. We will have the privilege of co-working and co-leading with patients and communities to make a safer and more effective service that has our experience at its heart. As we do so we will build on what we have learned so far, demonstrating that the areas of good practice achieved to date can be embedded within future models of care. The excellence of today will become the norm of tomorrow.

The Forward View demonstrates that the environment of care will change but our values will remain the same. The 6Cs have given us a common language and purpose that are well understood and demonstrated by staff, patients and service users alike. We have learned that living the values of the 6Cs brings tremendous satisfaction when applied across whole organisations, systems and teams. This brings about behavioural changes and cultural changes that improve both experience and outcomes. This is our strength and our gift to the new world of care that will be shaped by the Forward View.

I am very much looking forward to working with you in our next phase of Compassion in Practice which will focus on the future outlined by the Forward View. We will work together to be the best we can, maximise our impact and play our part in securing the best possible services for the future.

As we work with patients and communities to support health and wellbeing, it is important that we look after ourselves. Our own health and wellbeing is vital and a key component of our ability to invest in our own future and promote compassionate leadership. Good staff experience has a direct impact on patient outcomes, which makes it imperative that, as well as investing in ourselves, we also support our colleagues to do so.

Thank you all for your hard work and determination, your dedication to making a difference for people. Thank you also for supporting me in my CNO role, supporting each other, and for your willingness to embrace the future.

Jane Cummings
Chief Nursing Officer

“

In the last five years public satisfaction with the NHS has nearly doubled, and this is something that I, like many of you, have witnessed first-hand.

”

Additional case studies

Some real-life examples of where the 6Cs
have been implemented in practice

1. Bringing the 6Cs to life

Healthcare is now moving closer to peoples' homes so it is vital that health and social care staff, including the independent sector and those working in primary care, are aware of and adopt the values of the 6Cs as part of their everyday practice.

A project in Staffordshire and Shropshire is making sure everyone is aware of the 6Cs and the part they play in bringing the values to life for patients and staff. Over six months a nurse has been appointed to provide a single point of contact and focus for NHS and other care staff. Newly recruited Care Makers are making their voice heard across a range of health and social care settings while greater engagement with the independent sector is spread the 6Cs values to that area of care. The team is also working with local universities to put in place the right conditions to encourage care homes and primary care environments to accept greater numbers of student nurse placements.

As part of a wide-ranging project, education sessions were delivered to 35 teams in residential, nursing homes and domiciliary care settings. These took place at key meetings with carewatch teams, continuing healthcare teams and at 'dignity champion' meetings. Those taking part were signposted to the 6Cs Live website and people were encouraged to apply to become a Care Maker.

A 6Cs conference for 155 delegates was staged to drive awareness to a larger group of carers, managers and commissioners, care homes and staff from primary care environments from across the region.

Managers in primary care and the independent sector were approached to encourage student nurse placements. This helped to overcome barriers perceived by care home managers to accept student nurse placements in the independent sector (including the added cost of mentors and training).

More than 700 candidates from Staffordshire and Shropshire attended the education sessions and 155 attended the conference, and 250 pledges to continue the 6Cs within the workplace have been made.

As a result of the drive and energy of the local teams, there is now increased awareness of the importance of the 6Cs as part of the Compassion in Practice strategy in the area.

“

As a result of the drive and energy of the local teams, there is now increased awareness of the importance of the 6Cs as part of the Compassion in Practice strategy in the area.

”



“

Trusts and clinical networks have since become interested in running similar workshops to improve staff competence in communication and ultimately to improve patient experience and compassionate care.

”

2 . Improving care for adults with cancer

In 2004, the National Institute for Health and Care Excellence (NICE) published guidance on 'Improving supportive and palliative care for adults with cancer' which recommended that all staff in contact with patients need to be able to notice emotional distress, hear the concerns of patients/families and respond compassionately. Many staff had not received training in this area and so University Hospital of South Manchester NHS Foundation Trust (UHSM) found that it was not compliant with the guidance.

To rectify matters specialist nurses, a chaplain and a patient worked together to develop a communication skills workshop for all 5,000 staff working at the Trust. The training focussed on key areas: communication, competence, care and compassion, and was designed to teach everybody how to notice distress, to listen and to respond helpfully.

The workshops trained 30 delegates at a time using a range of teaching methods (group discussion, lecture, rehearsal and reflection), to cater for different learning styles.

Due to its success, other Trusts and clinical networks have since become interested in running similar workshops to improve staff competence in communication and ultimately to improve patient experience and compassionate care.

To teach others how to run the workshop a train-the-trainer programme was designed in collaboration with the Maguire Communication Skills Training Unit. To fund the roll-out of the training, a business model has been developed which involves issuing a licence and training trainers. To date, 55 licences are active in the UK, 550 trainers have been trained and around 26,000 NHS staff have been trained.

3. Telehealth: monitoring patients at home

Traditional health services are facing increasing challenges and growing numbers of patients often have to go to a clinical or social care setting – in many cases, in towns and cities far away from their homes.

Royal Cornwall Hospitals NHS Trust is addressing the challenges by increasing use of Telehealth technology to support self-monitoring and self-management of medical conditions from home - making use of superfast broadband in the county.

Telehealth is supporting the Trust in moving to a more integrated care system and provider – transforming it from solely an acute service to an innovative health care provider across Cornwall. The service includes everything from wirelessly connected alarm pendants to heart rate or blood pressure monitors that are used to take regular readings that are relayed to a monitoring centre by mobile phone.

The service is tailored to each patient and has enabled the development of clinics for mothers and babies who need specialist input from tertiary centres. Women with high blood pressure are using the service during pregnancy, which includes monitoring blood pressure, urine and fetal movement); and has also been successfully used to address a high incidence of urinary tract infections (UTI) in the county.

The Trust is also working towards lowering the levels of traditional outpatient and emergency activity. A larger proportion of follow-up work is now done in the community, in primary care or through telephone or virtual clinics using the latest technology. New techniques and skills in the community, developed out of acute hospital settings are improving long-term conditions management and reducing emergency admissions.

A patient survey completed in Cornwall last year showed that 93 per cent of patients felt they were getting a benefit from the Telehealth service, by making their trips to the GP more appropriate or reducing their need to be seen by a clinician.





4. Working together to improve care for older people

Trusts across the UK have seen an increase in serious admissions for older people. Despite staff working harder than ever, handovers between different organisations are challenging, and care is not always focussed on individual needs.

North Derbyshire Clinical Commissioning Group (NDCCG) is working with patients, acute and community providers, primary care, social care and the voluntary sector to make sure people are only admitted to hospital if it is absolutely necessary.

This includes a redesign of the urgent care pathway, an integrated model of care, and a greater focus on patient-centred care within commissioning.

An acute reablement unit was created to make sure people are only admitted to an acute medical ward when absolutely necessary and when it's in their best interests, with the most important place being home.

The changes to the care pathway, the commitment of the staff and the support of commissioners has enabled boundaries to be broken down, making sure that the right care is delivered in the right place at the right time.

Patients report how they have been supported to meet their personal goals and, how staff in demonstrating 6Cs values that are improving patients' experience of care. This has included simple things which matter to patients – for example seeing a friendly face they know and trust, who has managed their care in both the acute and community environment, enabling a safe discharge back home.

“

An acute reablement unit was created to make sure people are only admitted to an acute medical ward when absolutely necessary and when it's in their best interests, with the most important place being home.

”

5. Helping care homes meet the 'compassion' criteria

NHS Vale of York Clinical Commissioning Group (CCG) is co-developing a quality assurance tool for Care Homes centred around Compassion in Practice.

The tool is an online self-assessment for care homes to complete that shows evidence of performance and practice in key areas such as quality, patient safety, clinical effectiveness and overall experience of care home residents, staff and their families.

Care home sector staff are being encouraged to accept the values and ethos of the 6Cs and to become Care Makers – the Compassion in Practice ambassadors and advocates for good practice.

Questions are designed to show quality improvements over time as well as highlight areas where the home needs to concentrate effort to increase its performance. In-built into the tool are good practice templates and url web links that support care homes to identify and implement good practice.

The tool went live in November 2014 following extensive testing and development. The Vale of York CCG will be the first to officially use it as part of the commissioning process.

The tool also provides an easy way of bringing Compassion in Practice into the sector and captures the picture of what care homes know and understand about Compassion in Practice and how this moves over time, while encouraging the uptake of Care Makers across independent sector providers.

All of this will inform both the CCG and NHS England over the success and future direction of this important initiative within this sector.





6. Giving children and families the best start - School Nursing Development Programme

Looking after family members can be tough - emotionally, physically, socially and financially.

There are now 5.8 million carers (2011 census) in England and Wales and nearly a quarter of a million people aged 19 and under caring for parents, siblings and others, with nearly 10 per cent caring for 50 hours a week or more. However, the findings of a BBC survey in 2012 suggests that there are now actually closer to half a million young carers in England and Wales. Often carers neglect their own needs. In fact, the results of the 2011 census showed that the more hours a carer works, the worse their general health is.

Over the last year huge amounts of work has been done with carers and practitioners to develop a deeper understanding of the challenges and how they can raise more awareness of carers' needs. All nurses who attend the Champion for Carers event are asked to make a pledge to make a difference locally for carers' health and wellbeing and agree to be more aware of carers' needs. Listening to patients and carers is at the heart of this work and is at the heart of a compassionate healthcare system and exemplifies the 6Cs value and those of the NHS Constitution.

"As a team we have worked hard to ensure that the Young Carers who reside in our authority are being identified and supported effectively. As part of this we are engaging with them and incorporating their opinions and voices in their care. A new welcome pack for the School Nursing service has been devised and distributed through schools, GPs and partnership agencies. We have also incorporated a dedicated 'Young Carers' section into our holistic health assessment. This will support us in identifying young carers and plan care to meet their needs."

Lisa Worth, School Nurse Worker, Children & Families Division

Sandwell School Health Nursing, who made a pledge to work towards raising awareness of Young Carers amongst colleagues and with young people in Sandwell.

"The biggest message I took home (from a master class at Liverpool John Moores University in March 2014) was to let Young Carers know they could access school nursing to support them and give them the opportunity to discuss worries, fears, general health questions or just be able to speak confidentially. When speaking to Young Carers, the feedback they have given is that they are now aware that they can access school nurses for supporting them in their everyday lives. The parents I have spoken to are also very grateful for school nurses. The Young Carers project I liaise with are also grateful as we can support young carers with regards to health information."

Sarah Logan, Specialist Community Public Health Nurse - School Nurse BSc, RN (Child), Queen's Nurse.

“

We have used the 6Cs as the basis for the young and adult carers pathway – part of the champions programme and nurse-led carers workstream has been about reviewing the core values we need as nurses to better support the wellbeing of carers, who often neglect their own health needs.

Wendy Nicholson, Professional Officer for School and Community Nursing at the Department of Health

”



The 6Cs

Six wonderful words have been chosen
All of which we must never forget
They all begin with the third letter
Of the English alphabet

Care, Compassion, Competence, Communication Courage and Commitment

Are qualities of character that go hand in hand
With professional tools or equipment

But some would say, "Isn't this all common sense?
Because these concepts are not new
They're just buzzwords being used by the 'Powers that be'
To govern the work that we do
And why do we have to hear over again about what we already know?
What's the purpose of this campaign? Is it all just for show?"

The fact that this mindset even exists is a cause for great concern
But let's suppose that these questions are being posed
By those who need to learn

The purpose of this campaign
Is to make others more aware
Because people don't care how much you know
Until they know how much you care

And if all these things are just 'common sense'
Things we already understand
How is it possible that some still suffer and have not felt a helping hand?

It is essential that we unlock the potential found
When using these liberating keys
These ethical principles are not buzzwords
They are called The 6Cs

Notes:

Notes:
