

NHSCB8/11/12/2

BOARD PAPER - NHS COMMISSIONING BOARD

Title: Nursing, Midwifery and Care-givers Vision and Strategy

Clearance: Jane Cummings, Chief Nursing Officer

Purpose of Paper:

- To inform the Board of the Nursing, Midwifery and Care-givers Vision and Strategy, the engagement exercise and proposed launch.

Key Issues and Recommendations:

- The draft Nursing, Midwifery and Care-givers Vision and Strategy has been developed with the professions of nursing, midwifery and care-givers. The vision and values of nursing, midwifery and care-givers are represented by the six Cs of care, compassion, competence, communication, courage and commitment. There are six areas of action which underpin the implementation and delivery of the six Cs. An eight week engagement exercise is now underway with the professions, people who are cared for by the professions, the public, the third sector, the independent sector and other NHS and social care organisations. The Nursing, Midwifery and Care-givers Vision and Strategy is due to be launched on the 4 December 2012 at the CNO conference.

Actions Required by Board Members:

- The Board is asked to discuss and comment on the draft Nursing, Midwifery and Care-givers Vision and Strategy.
- The Board is asked to approve the launch of the Nursing, Midwifery and Care-givers Vision and Strategy on 4 December 2012 at the CNO's conference.

- The Board is asked to note the requirement to further develop the areas of action.
- The Board is asked to note the progress of the engagement exercise.

Nursing, Midwifery and Care-givers Vision and Strategy

Executive summary

1. The Nursing, Midwifery and Care-givers Vision and Strategy highlights the need for real actions to support nurses, midwives and care-givers to provide excellent care for the benefit of our patients. Early discussions have identified six key areas for change. Consideration and improvement of these six areas will have a direct and positive impact on improving outcomes for patients.
2. This vision sets out a shared purpose for nurses, midwives and care-givers - to deliver high quality, compassionate care to our patients and to achieve excellent health and well-being outcomes. This purpose is not exclusive to nurses, midwives and care-givers and is shared by many people across the wider healthcare team. It promotes a culture of compassionate care, centred on the person needing it and provided by workers and professionals who have the evidence, competency and insight to give the best compassionate care and help people make informed choices. The vision articulates what nurses, midwives and care-givers are here to do and acts as a reminder that all their work should link back to this purpose. It also highlights the values and behaviours that people have told us that nurses, midwives and care-givers exhibit when they are performing at their best and which have the biggest impact on the people we care for. We have characterised them as care, compassion competence, communication, courage and commitment: the 6 Cs.
3. The draft Nursing, Midwifery and Care-givers Vision and Strategy for England was published on 21 September 2012. Prior to publication, the Chief Nursing Officer (CNO) for England held several large design events with nurses and midwives to develop the Nursing, Midwifery and Care-givers Vision and Strategy. The CNO has worked closely with the Director of Nursing at the Department of Health to develop the Nursing, Midwifery and Care-givers Vision and Strategy with nurses, midwives and care-givers who work in a social care setting and public health nurses.
4. There is now an engagement exercise underway for eight weeks with the professions, patients and the public, stakeholders and 'thought forming groups'. The engagement exercise will be a combination of events with nurses, midwives, care-givers, the people who they care for, patients, the public, social care groups, other NHS organisations and the third sector and the independent sector. National and local meetings, social media, WebEx's, email, an online questionnaire, email and postal questionnaires are being used to ensure the engagement exercise attracts a good response. Please see the draft Nursing, Midwifery and Care-givers Vision and Strategy document and engagement questionnaire in annex A of this document.
5. The draft Nursing, Midwifery and Care-givers Vision and Strategy outlines the values and behaviours for nursing, midwifery and care-givers, which are represented by the six Cs of care, compassion, competence, communication, courage and commitment. These are underpinned by six areas of action to

ensure these values and behaviours are implemented and result in excellent quality of care for our patients in all settings.

6. The Nursing, Midwifery and Care-givers Vision and Strategy will be developed to enable nurses, midwives and professional care givers to measure the improvement in the quality of care given to people and people's experience of health care, while increasing productivity and reducing costs.
7. There will be a final launch of the Nursing, Midwifery and Care-givers Vision and Strategy at the CNO's conference on 4 December 2012.

Introduction

8. The draft Nursing, Midwifery and Care-givers Vision and Strategy sets out a shared purpose for nurses, midwives and care-givers - to deliver high quality, compassionate care and to achieve excellent health and well-being outcomes. It promotes a culture of care and compassion, centred on the person needing it and provided by workers and professionals who have the evidence, intelligence and insight to give the best care and help people make holistic and informed choices about it. The vision articulates the nurses, midwives and care-givers role, and acts as a reminder that all their work should link back to this purpose. It also highlights the values and behaviours that people told us, through patient and public engagement exercises, that nurses, midwives and care-givers exhibit when they are performing at their best. We have characterised them as care, compassion, competence, communication, courage and commitment: the six Cs.

Why a Nursing, Midwifery and Care-givers Vision and Strategy is needed

9. To be a nurse, midwife or care-giver is an amazing privilege: supporting people and their families when they are at their most vulnerable and when care, compassion and clinical expertise matter most. Nurses, midwives and care-givers are in a powerful position to improve the quality of care and play a major role, together with the rest of the team, in improving health and well-being outcomes.
10. However, care has not always been delivered in a way that is expected or deserved and there have been reports relating to nursing, midwifery and care-giving that have challenged the professions. These events have exposed the poor care that some of the most vulnerable people in our society have received. These have included the unacceptable care at Winterbourne View, findings by the Care Quality Commission and the Health Service Ombudsman. In addition, Robert Francis QC will report in due course with his findings relating to Mid-Staffordshire NHS Foundation Trust, and the professions must learn from these events.
11. As treatment and techniques develop, nurses and midwives have built their knowledge and skills, and have moved away from following a list of procedures to applying independent thinking. Their education is now changed

to support this. The role of a care-giver has also developed over time; undertaking more complex tasks and becoming an embedded member of the team. In the care sector, the range of care has increased, and there are now more opportunities for, and expectations of, leaders and care-givers.

12. Nurses, midwives and care-givers relationships with the people they care for has also changed; they are now partners in their care and people are actively encouraged to be involved in decisions that affect them. There are new opportunities to promote healthy living when caring for people during significant life events, as people are particularly receptive to health advice at such times. Even though much has changed, care and compassion remain at the heart of the health professions, bringing them together with knowledge and skills to manage the complexity of modern healthcare.
13. Nurse, midwives and care-givers will increasingly be called to advise people on how to look after their physical and mental health, to support people who are experts in their own care, to prevent complications of long-term conditions, to lead early interventions that improve health outcomes and promote independence and well-being. Older people are likely to use several services across health and social care, and may rely on carers. The professions need to work together to ensure we meet the needs of older people, who are the biggest users of health care, and treat them with the dignity and respect that they deserve.
14. All parts of the health and care system face a huge challenge to improve the quality of care that is given, whilst increasing productivity and reducing unnecessary costs. Nurses, midwives and care-givers will play a critical role in this work, and their engagement is essential to achieve this aim. Increasingly they will be called upon to provide care to people in new places, in groups and communities as well as individually. The registered professionals are leaders, and all nurses, midwives and registered care home managers need to have the courage to lead these changes, responding to the challenges of a changing society where people are more informed, experts in using the internet and social media and take more control of their health and well-being. Leaders need to be seen to set a gold standard for care and support others to provide it.
15. The draft Nursing, Midwifery and Care-givers Vision and Strategy is the starting point on the NHS Commissioning Board website. The ideas it contains have been developed through initial conversations with staff groups at events, through dialogue using social media and in response to articles in the nursing and midwifery press. Over the coming weeks, the views of many more nurses, midwives and care-givers, working in all care settings, will be sought to develop it further before setting out the final vision and strategy. The views of people who receive care, their families and carers will also be sought. This is a fantastic opportunity to influence the next steps the professions will take.

Development of the Nursing, Midwifery and Care-givers Vision and Strategy

16. The early vision was first presented as part of the CNO's interview process, and an event was held on 9 July 2012 with 50 top nursing and midwifery leaders from across the country. This group of nurses and midwives were from a variety of backgrounds including education, commissioning, mental health, public health, community, acute and primary care. The proposal for the future Nursing, Midwifery and Care-givers Vision and Strategy was that the vision and strategy should be based on six Cs of care, compassion, competence, communication, courage and commitment.
17. After the engagement of over 600 nurses and midwives through conferences, social media and networks, there was strong support for the six Cs as the values that ensure the best quality of care, experience and health outcomes for the people cared for by nurses, midwives and professional care-givers. These values are at the heart of everything nurses, midwives and care-givers do for people in their care. The draft Nursing, Midwifery and Care-givers Vision and Strategy has been designed to embed these values and behaviours into the nursing, midwifery and care-giving professions. The areas of action support the professions and the organisations they work for to implement these values and behaviours through organisational development and redesign of care delivery.
18. Information has gone out to all NHS organisations, social care organisations through the social care networks, professional groups, patients and the public via national and local patients and carers groups. There are planned meetings and presentations across the four regions, and the CNO has met with senior directors of nursing and midwives across the four regions to ensure excellent engagement. Comments have also been received about the draft Nursing, Midwifery and Care-givers Vision and Strategy through blogs and social media, including Twitter.
19. By 12 October there had been almost a thousand responses to the engagement, mostly through attendance at conferences and meetings. There has been a very positive response from healthcare staff who like the vision and values set out in the document. Each of the areas of action has a 'senior responsible officer', who is responsible for developing the national implementation plan.
20. Currently social care staff are less engaged and less clear about the need for a draft Nursing, Midwifery and Care-givers Vision and Strategy. More work is being done to ensure a wider response from social care staff, and a plan is being developed by the Director of Nursing at the Department of Health to implement the Nursing, Midwifery and Care-givers Vision and Strategy in social care.

Values and behaviours - the six Cs

21. The way in which nurses, midwives and care-givers act has a significant impact on the quality of care delivered to people and how this care is

perceived. We need to create environments where the right behaviours are modeled and demonstrated to those people who use health and care services. All staff, including the registered professionals - nurses, midwives and registered care home managers, have a role in setting a gold standard and leading multi-disciplinary teams to deliver high quality care and outcomes, whether they are in a formal leadership role or not.

22. During the development of the draft Nursing, Midwifery and Care-givers Vision and Strategy many people agreed that there were important values and behaviours that encapsulate what those in the caring professions do, but nurses, midwives and care-givers do not always find it easy to express these in ways that are clear, consistent and recognisable. To address this, a group of values and behaviours that run through all aspects of care were developed. These were discussed with some of the professions and they evolved into the six Cs - care, compassion competence, communication, courage and commitment. They show that professionals and care givers see not only the specific illness or need that is present, but the person as a whole. They build on the values set out in the NHS Constitution¹ and in the Caring for Our Future White Paper² in a way that appears to resonate with the professions and is accessible to the public.

The six C's are described as:

Care: Delivering high quality care is what we do. People receiving care expect it to be right for them consistently throughout every stage of their life.

Compassion: Compassion is how care is given, through relationships based on empathy, kindness, respect and dignity.

Competence: Competence means we have the knowledge and skills to do the job and the capability to deliver the highest standards of care based on research and evidence.

Communication: Good communication involves better listening and shared decision making - 'no decision about me without me'.

Courage: Courage enables us to do the right thing for the people we care for, be bold when we have good ideas, and to speak up when things are wrong.

Commitment: Commitment will make our vision for the person receiving care, our professions and our teams happen. We commit to take action to achieve this.

Delivering the vision

23. Nurses, midwives and care-givers will need to work together, and with others in the team, to deliver the vision of the six Cs. However, through their role as registered professionals, all nurses, midwives and registered care home

¹ www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx

² <http://caringforourfuture.dh.gov.uk/>

managers occupy a leadership role in relation to the teams they work in, setting the gold standard for care and supporting others to achieve it.

24. Six areas for action have been identified to achieve the shared purpose of delivering high quality, compassionate care and improving health and care outcomes. These are:

Helping people to stay independent, maximising well-being and improving health outcomes.

To do this nurses, midwives and care-givers need to:	The work will be supported by:	Areas for action
<ul style="list-style-type: none"> • Deliver evidence-based care and extend evidence through research • Explicitly demonstrate their impact on outcomes and in particular the new NHS, public health and social care outcomes frameworks • Make 'every contact count' to promote health and well-being across all care settings at individual, family and community levels across all care pathways • Support people to maintain their independence for as long as possible • Maximise the contribution to public health especially through specialist community public health nursing and midwives 	<ul style="list-style-type: none"> • Programmes of work to promote nursing and midwifery roles in prevention/health promotion and to transform services delivered by specialist public health nurses, including health visitors and school nurses to implement <i>Healthy Lives Healthy Futures</i> • Strong expert leadership from Public Health England to champion the knowledge and intelligence that can best support nurses, midwives and care-givers to impact on health and well-being • Developing leaders in well-being for nursing, midwifery and registered care home managers • Relevant initiatives in the <i>Caring for Our Future</i> White Paper (2012) 	<ul style="list-style-type: none"> • Completing range of care pathways within the national programmes for health visiting and school nursing • Completing the model of public mental health nursing which will improve the outcomes of people's mental health. This will include family and population level interventions • Undertaking a programme of work on nursing contribution to the dementia challenge • With strategic partner, the Queen's Nursing Institute, producing a six Cs strategy for nursing in community settings • Support training initiatives for health and care staff working with people with dementia

Working with people to provide a positive experience of care.

To do this nurses, midwives and care-givers need to:	The work will be supported by:	Areas for action
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<ul style="list-style-type: none"> • Design services so people and their carers and family (where appropriate) are active participants in their care • Prioritise the people who receive care in every decision made • Collect, listen to and act on feedback and complaints • Promote personal responsibility for health and well-being and taking preventative action 	<ul style="list-style-type: none"> • Near time monitoring and improvement • Being open and transparent • Mechanisms to capture and respond to feedback • Working with communities to understand priorities • Understanding and responding to the needs of carers • The work of the <i>Think Local Act Personal</i> partnership, which supports the social care sector to deliver personalised and community-based support. 	<ul style="list-style-type: none"> • Implementation of the Friends and Family test in all acute settings from April 2013 • Review how the Friends and Family or similar test can be extended to non-acute NHS settings. • Review how best to gain feedback from children and young people, vulnerable and hard to reach groups. • From April 2013, development of the provider quality profile which will include feedback on registered residential or home care provider from users, carers and families
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Delivering high quality care and measuring impact

To do this nurses, midwives and care-givers need to:	The work will be supported by:	Areas for action
<ul style="list-style-type: none"> • Follow evidence-based best practice to deliver high quality outcomes to those that use health and care services (many of whom are older people) • Measure what nurses, midwives and care-givers do and their contribution to quality • Be transparent and publish the outcomes • Promote careers in research to strengthen focus on evidence-based practice 	<ul style="list-style-type: none"> • Metrics and tools to measure the quality of nursing, midwifery and care-giving, including service users' views of care provided <p>Using technology to:</p> <ul style="list-style-type: none"> • Collect information once and thus support productivity and efficiency • Provide tools to promote safe practice • Enable care to be provided in new ways and in new settings • Support decision-making 	<ul style="list-style-type: none"> • Work has started to develop nurse sensitive outcome indicators that measure the difference made to the people cared for • From April 2013, provider quality profiles published on the health and social care information portal will include a range of information on the quality of registered social care providers • Further work on technology enabled practice

Building and strengthening leadership

To do this nurses, midwives and care-givers need to:	The work will be supported by:	Areas for action
<ul style="list-style-type: none"> • Ensure all registered nurses, midwives and registered care home managers understand their leadership role with the wider care-giving team • Free leaders to have time to lead e.g. supervisory status, better use of technology • Empower nurses, midwives and registered care home managers to make local changes to improve care 	<ul style="list-style-type: none"> • Boards, senior leaders and team leaders setting a caring and compassionate culture • Education and training for practice leaders in applied leadership and change • All system leaders across health and social care working together to deliver the vision • A strong appraisal system • Publishing a leadership qualities framework for social care to describe the behaviours and competencies required for good leaders at all levels 	<ul style="list-style-type: none"> • Work with the NHS Leadership Academy and National Skills Academy for Social Care to develop a clinical leadership programme for nurses, midwives and care-givers • Strengthening the roles of practice leaders (e.g. ward sisters, community team leaders, registered care home managers) • Champion the Care and Support Compact, amongst care homes and home care associations, which commits to delivering high quality relationship-based care and support

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

To do this nurses, midwives and care-givers need to:	The work will be supported by:	Areas for action
<ul style="list-style-type: none"> • Use evidence-based staffing levels • Commit to and support life-long learning for the whole care-giving team • Recruit staff with the right culture and values 	<ul style="list-style-type: none"> • Staffing tools • Appropriate education and training for all nurses, midwives and care givers • Technology to free up time for nurses, midwives and care-givers to care and learn • Developing tools for assessing values and culture 	<ul style="list-style-type: none"> • The evidence-base for staffing the acute sector is more developed. Further work is needed on mental health, community and primary care services • Ensuring values and behaviours encompass 'making every contact count' to improve the public's health and developing the knowledge and skills to deliver this • Review outputs of Skills for Health and Skills for Care

		work on competencies for care assistants <ul style="list-style-type: none"> • All universities to recruit for values and culture • Ensuring staff have the right skills to care for people with dementia.
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Supporting positive staff experience

To do this nurses, midwives and care-givers need to:	The work will be supported by:	Areas for action
<ul style="list-style-type: none"> • Create worthwhile and rewarding jobs • Create equality of opportunity • Create a culture so that the professions support each other and new entrants to the profession • Be professionally accountable • Embrace new technology • Be productive and efficient 	<ul style="list-style-type: none"> • Supervisory status of ward and team leaders to provide support and supervision • Appropriate appraisal and personal development • Leadership development, including a leadership forum to lead the transformation in adult social care 	<ul style="list-style-type: none"> • More uniform use of technology to free up nursing and care time to avoid duplication of information capture at the point of care • Review preceptorship and clinical supervision options • Review research carried out in West Midlands to support staff

25. These will not be the only areas of action; locally there will be some different areas to focus on too.
26. The engagement exercise on line questionnaire asks whether these are the right actions to focus on to deliver the shared purpose. These areas for action span all care settings in the NHS, public health and social care. These will also support staff to live the values. The actions build on the *Energise for Excellence framework for improvement*³, and have been refined following the initial conversations. Many of the specific early actions will focus on the priority to make care right for older people, given that they are the main users of health and care services in the country.

³ Further details on Energise for Excellence at www.acalltoaction.co.uk/energiseforexcellence

The launch of the Nursing, Midwifery and Care-givers Vision and Strategy

27. The final Nursing, Midwifery and Care-givers Vision and Strategy will be launched at the CNO's conference on 4 and 5 December 2012. The conference is titled: 'Our Culture of Compassionate Care'. The main objectives are to inspire senior nurse and midwifery leaders to implement the vision and strategy both nationally and locally. There will be 450 of the most senior nursing leaders across England attending from all areas of the NHS - acute, mental health, community, CCGs and the NHS Commissioning Board. There will also be representation from social care.
28. The Nursing, Midwifery and Care-givers Vision and Strategy delivery will be underpinned by the NHS Change Model, which will ensure that the Nursing, Midwifery and Care-givers Vision and Strategy produces the large scale change required for successful implementation.

Recommendations

29. The Board is asked to:
 - discuss and comment on the draft Nursing, Midwifery and Care-givers Vision and Strategy;
 - approve the launch of the Nursing, Midwifery and Care-givers Vision and Strategy on 4 December 2012 at the CNO's Conference;
 - note the requirement to further develop the areas of action; and
 - note the progress of the engagement exercise.

Jane Cummings
Chief Nursing Officer
October 2012

Developing the
culture of
compassionate
care

Creating a new
vision for nurses,
midwives and
care-givers



DH INFORMATION READER BOX

Policy	Clinical	Estates
HR / Workforce	Commissioner Development	IM & T
Management	Provider Development	Finance
Planning / Performance	Improvement and Efficiency	Social Care / Partnership Working

Document Purpose	Consultation/Discussion
Gateway Reference	18150
Title	Developing the culture of compassionate care: creating a new vision for nurses, midwives and care-givers
Author	Jane Cummings and Viv Bennett
Publication Date	21 September 2012
Target Audience	PCT Cluster CEs, NHS Trust CEs, Care Trust CEs, Foundation Trust CEs , Directors of PH, Directors of Nursing, Directors of Adult SSs, Directors of HR, Directors of Children's SSs
Circulation List	
Description	This is an opportunity to help create a new strategy for nursing, midwifery and care-giving that embeds a culture of compassionate care.
Cross Ref	n/a
Superseded Docs	n/a
Action Required	Please submit your views by 16 November 2012
Timing	Please submit your views by 16 November 2012
Contact Details	The Nursing, Midwifery and Care-Giving Vision Team Quarry House Quarry Hill Leeds LS2 9UE 0113 2546810
For Recipient's Use	

Contents

Contents.....	3
Foreword	4
Section one: Introduction	6
Section two: Behaviours and values	9
Section three: Delivering the vision	15
Section four: Getting involved	20
Appendix: Vision visual	22

To develop this vision we will work in partnership with Public Health England, Health Education England, the Care Quality Commission, Monitor, Skills for Care, Skills for Health, the NHS Trust Development Authority, NHS Employers and others as well as professional and staff side bodies.

Foreword

To be a nurse, midwife or care-giver is an amazing role. There is hardly an intervention, treatment or care programme in which we do not play a significant part. We provide care, health promotion advice, as well as treatment for ill health. We care for everyone from birth to death in all settings: at home, in primary care, in the community, in care homes and in hospitals. We support the people in our care and their families when they are at their most vulnerable and when clinical expertise, care and compassion matter most. We make contacts with people that count in improving their health and well-being.

We are constantly impressed by the dedication shown by nurses, midwives and care-givers to improve the quality of care and to address the challenges facing our professions. We have the potential to make a significant difference and we must seize this opportunity to create a future where people are placed at the heart of care and are treated with compassion. One where the huge contribution of our professions to good health outcomes as well as the care process is recognised and valued. One where we use every clinical and care interaction to promote better health and well-being, making 'every contact count' towards improved health for the population. We all joined the professions to make a difference. Our impact is significant, and we should never underestimate this.

"As Chief Nursing Officer for England, I want to lead and support you all to give the very best care with compassion and clinical skill, ensure pride in the profession and build respect. We all have the opportunity to make a significant difference and I have seen this time and time again since my appointment. This vision sets out the starting point and I want to work with you to define our shared ambition and turn it into reality."
Jane Cummings¹

"In my first few months as the DH Director for Nursing, I have been privileged to see the major contribution our professions are making to improve the nation's health. We have fantastic potential to use every clinical and care interaction to promote health and well-being and make 'every contact count' towards better public health. I am proud to be part of developing our vision and to be working with you across health and social care to make a real difference." **Viv Bennett¹**

As our NHS helps people to live longer, care needs are changing, and our health and care services are evolving to meet them. What has not changed is the fundamental human need to be looked after with care and compassion, by a professional who is competent and communicates well. To be looked after by someone with the courage to make changes to improve people's health and care, with the commitment to deliver this all day, every day. This is why this vision is underpinned by these six fundamental values - care, compassion, competence, communication, courage and commitment - with six areas of action to support professionals to deliver this excellent care.

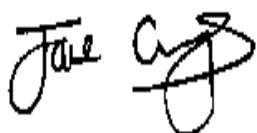
We need real actions to support nurses midwives and care-givers to provide this excellent care. Through early discussions, we have identified six key areas where we need to make changes and where nurses, midwives and registered care home managers will be the leaders of change. In particular we need to work together to ensure we meet the needs of older people - the largest group of services users - and treat them with the dignity and respect that they deserve in joined up health and care services.

We need to strengthen our capacity to prevent ill health in the first place. Nurses and midwives support people to improve their health in circumstances that are often very difficult and all of the values are equally important in prevention and health promotion. For example, the competence to deliver support and advice that leads to real lifestyle change for families and communities; the communication skills and courage to raise difficult health topics with people; and the commitment to provide care where results may not be fully realised for several years - but will ultimately improve health outcomes across our society.

We would like to hear your views on the issues we raise. There are many ways to get involved and the document sets these out. There is a fantastic opportunity for you to influence the next steps we will collectively take to set a course for the nursing, midwifery and care-giving contribution to developing the culture of compassionate care and meeting the public's health and care needs for the coming years. This document is the starting point. It has been developed with input from those in the professions and over the next eight weeks we want to work with many more, including people who receive care and the public, to develop it further before we set out a shared vision and strategy.

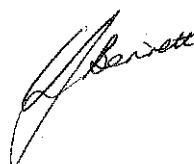
We are proud to be working together as the professional leads for all nurses and midwives¹, with support from colleagues in education, research, regulators and the Nursing and Care Quality Forum. We aim to develop the culture of compassionate care, ensure pride, build respect for our professions and our contribution to modern health and care services and deliver safe and effective services with good outcomes and experiences for those in our care.

Please get involved. We want to hear from you.



Jane Cummings

Chief Nursing Officer for England



Viv Bennett

Department Of Health Nursing Director

¹ Jane Cummings is the professional lead for nurses and midwives in England. Viv Bennett is the professional lead for public health and social care.

Section one: Introduction

1.1 To be a nurse, midwife or care-giver is an amazing privilege: supporting the people in our care and their families when they are at their most vulnerable and when care, compassion and clinical expertise matter most. We are in a powerful position to improve the quality of care and play a major role in improving health and well-being outcomes. Every time we make contact with someone who receives care, we have the opportunity to make a difference, and because of the frequency of these contacts, we act as the guardians of quality for those in our care.

1.2 However, we do not always deliver the care that is expected and deserved and there have been some recent reports relating to nursing, midwifery and care-giving that have challenged our professions. These events have exposed the poor care that some of the most vulnerable people in our society have received. These have included the unacceptable care at Winterbourne View, findings by the Care Quality Commission and the Health Service Ombudsman. In addition, Robert Francis QC will report in due course with his findings after the full public inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust. We must learn from these events.

1.3 Our professions are always evolving. As treatment and techniques develop, we build our knowledge and skills, and we respond. Looking back to the role nurses and midwives played 20 years ago, we now administer treatment that is more complex and have a greater degree of professional responsibility and autonomy. In many settings, nurses and midwives lead the provision of care. We have moved away from following a procedure book to applying independent thinking and our education is arranged differently to support this. We also have lots of opportunities: to work in many areas of clinical practice, to become nurse and midwife educators, researchers, managers and commissioners of services. The role of a care-giver has also developed over time; undertaking more complex tasks and becoming an embedded member of the team. In the care sector, the range of care has increased and there are now more opportunities for, and also expectations on, leaders and care-givers.

1.4 Our relationships with the people we care for have also changed; they are now partners in their care and we involve them in decisions that affect them. We also have new opportunities in health promotion. Many of our contacts with the people we care for are at significant life events when people are particularly receptive to health advice, for example pregnancy and the birth of a baby, or frailty, or illness experienced by ourselves or in a loved one. We are in the privileged and unique position to be able to support those in our care at these key junctures, to promote healthy living and help reduce the very real health inequalities we see in our day-to-day work. Even though much has changed, care and compassion remain at the heart of our professions, bringing them together with knowledge and skills to manage the complexity of modern healthcare.

1.5 Looking forward, we will increasingly be called to advise people on how to look after their physical and mental health, to support people who are experts in their own care, to prevent complications of long-term conditions, to lead early interventions that improve health outcomes and promote independence and well-being. England's changing demographics will influence this. Society is getting older and its needs more complex. Older people are likely to use several services across health and social care, and may rely on carers. As the biggest users of health and care, we need to work together to ensure we meet the needs of older people, and treat them with the dignity and respect that they deserve. If we get it right for them, we can also get it right for everyone, including children and young people and other key groups.

1.6 All parts of the health and care system face a huge challenge to improve the quality of care that is given, whilst increasing productivity and reducing unnecessary costs. Nurses, midwives and care-givers will play a critical role in this work and our engagement is essential if we are to achieve this aim. Increasingly we will be called upon to provide care to people in new places, in groups and communities as well as individually. The registered professionals are the leaders and all nurses, midwives and registered care home managers need to have the courage to lead these changes, responding to the challenges of a changing society where people are more informed, experts in using the internet and social media and take more control of their health and well-being. As leaders, we need to be seen to set a gold standard for care and support others to provide it.

The terms we use

Throughout the text we refer to **people we care for**; this encompasses the range of individuals nurses, midwives and care-givers make contact with, including patients, service users, families and carers.

We also use the term **care-giver**; by this we mean people providing direct care which would include healthcare assistants, nursing auxiliaries and assistant practitioners working in nursing and midwifery teams and care and support workers.

Through the engagement we welcome views on whether these terms are helpful to use, or whether there are alternatives.

1.7 This vision sets out a shared purpose for nurses, midwives and care-givers - to deliver high quality, compassionate care and to achieve excellent health and well-being outcomes. This purpose is not exclusive to our professions and is shared by many people across the wider healthcare team. It promotes a culture of care, centred on the person needing it and provided by workers and professionals who have the evidence, intelligence and insight to give the best care and help people make holistic and informed choices about it. The vision articulates what we are here to do and acts as a reminder that all our work should link back to this purpose. It also highlights the values and behaviours that people have told us that nurses, midwives and

care-givers exhibit when they are performing at their best. We have characterised them as care, compassion competence, communication, courage and commitment: the 6 Cs.

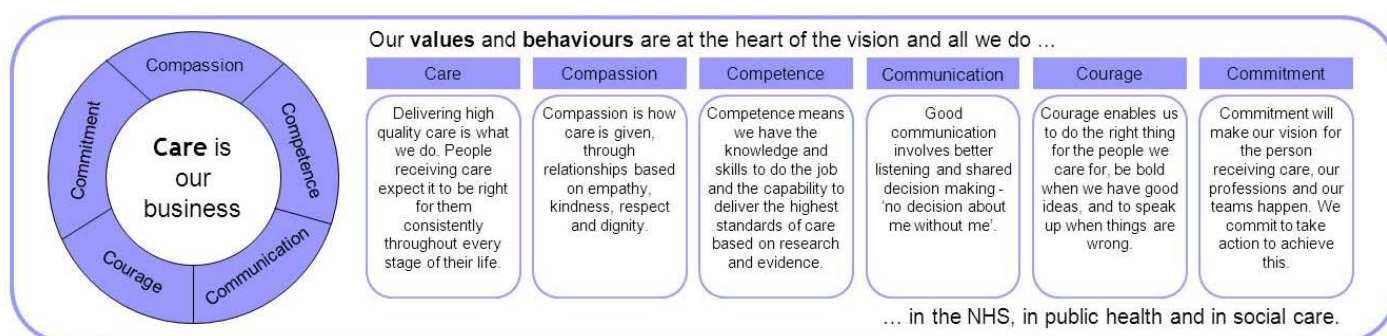
1.8 This document is the starting point. The ideas it contains have been developed through our initial conversations with some staff groups at events, through dialogue using social media and in response to articles in the nursing and midwifery press. Over the forthcoming weeks we want to work with many more nurses, midwives and care-givers, working in all care settings, to develop it further before we set out a shared vision and strategy. We would also like to hear the views of people who receive care, their families and carers. This is a fantastic opportunity to influence the next steps the professions will take.

Section two: Behaviours and values

2.1 The way in which we act has a significant impact on the quality of care that we deliver to people and how this care is perceived. We need to create environments where we model the right behaviours and demonstrate them to those who use our services. This will be critical to achieve the common aim of high quality, compassionate care and excellent health and well-being outcomes for all people. All staff including the registered professionals - nurses, midwives and registered care home managers - have a role in setting a gold standard and leading multi-disciplinary teams to deliver high quality care and outcomes, whether they are in a formal leadership role or not.

2.2 We want the public to hold us in the highest regard. Recent incidents in health and social care settings have challenged this and our behaviour and values have come under scrutiny. These incidents are what many people remember despite the fact that there are many examples of excellent practice, care and compassion, as the nominations for the *Great British Care Awards*², *NHS Heroes*³ and other nomination schemes so clearly demonstrate. Our values have not changed, but there is a perception they have diminished, or that we are less likely to hold onto them when caring for older people and people in vulnerable circumstances.

2.3 As the vision has developed, many people we spoke to agreed that there were important values and behaviours that encapsulate what those in the caring professions do, but nurses, midwives and care-givers do not always find it easy to express these in ways that are clear, consistent and recognisable. To address this, we began to outline a group of values and behaviours that run through all we do. We discussed these with some of the professions and they evolved into the 6 Cs - care, compassion competence, communication, courage and commitment. They show that we see not only the specific illness or need that is present, but the person as a whole. They build on the values set out in the *NHS Constitution*⁴ and in the *Caring for Our Future White Paper*⁵ in a way that appears to resonate with our professions and is accessible to the public.



² The Great British Care Awards are a series of regional events throughout England and are a celebration of excellence across the care sector. More details at www.care-awards.co.uk

³ A scheme to recognise the work that individuals and teams do every day in the NHS in England. More details at www.nhsheroes.com

⁴ www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx

⁵ <http://caringforourfuture.dh.gov.uk/>

CARE is our business

2.4 Care is what we as nurses, midwives and care-givers do; we take care of people, at every stage of life, every day and night of the year. In both health and social care, this is our core business and the public rightly expect the care we deliver to be of high quality. We need to care, and through our concern, empathy and actions, consistently show that we care. Care is about more than technical application of our skills, we must place the person receiving care at the heart of decision making, involving them in decisions and listen to their carers and families. 'Care is our business' means action at a community and population level where people's health outcomes are determined. Crucially our profession can make fundamental changes to prevent ill health, promote good health and allow for sustained differences to people's lives.

'Care means having the confidence, compassion and skills to see the patient as a person, to step in their world and gently walk with them during this time of anxiety and insecurity, and the responsibility and courage to be their advocate where their needs become my highest priority'.

Peter Troy - Mental Health Nurse, Suffolk

'Ensuring care is individual and tailored to the needs of the individual woman and her family. That the care I give is holistic and evidence based, with the focus on safety and personal choice'.

Juliette Phelan - Midwife, Western Sussex Hospitals NHS Trust

'Care is wanting to make a difference regardless of the day, the time or the journey of an individual'.

Kay Baldock - District Nurse, Huntingdon

2.5 High quality care makes people feel safe; poor care, or perceptions of poor care, make people fearful and erodes trust. High quality care requires high standards in all aspects of the health and care spectrum, from the simple to the complex. Nurses, midwives and care-givers need to embark on a career of life-long learning to maintain and develop their technical expertise. We know from our early conversations with the professions that people feel that we need to measure the quality of the nursing, midwifery and care-giving to ensure that it is delivered on a consistent basis, first time, every time, in the right setting and the right way. People also fed back the crucial role that leaders play in delivering high quality care.

COMPASSION: Nurses, midwives and care-givers show compassion

2.6 Compassion is how we feel about the care we give and receive. Compassion means care given through relationships based on empathy, kindness, trust, respect and dignity, regardless of the circumstances and seeing the person behind the condition. Alongside this, we need to couple our compassion with the very best technical care and the highest levels of knowledge.

'Compassion to me means having an empathic awareness of someone else's distress and a strong desire to alleviate it'.

Jayne Chidgey-Clark - Nurse and Regional Manager for the South West for Marie Curie Cancer Care

'Compassion makes the difference between giving care and giving meaningful care'.

Caroline Driver - Head Matron, Emergency Care Ipswich Hospital

'A patient feels really cared for when we are thoughtful in what we do and say, because when we are thoughtful we pay attention to the little details, the details that make such a difference'.

Vicki Leah - Consultant Nurse for Older People, University College Hospitals London

2.7 When we spoke to people about compassion in our initial conversations, they highlighted that research in medical and nursing students has demonstrated that empathy declines the more people are exposed to clinical practice. Contributing factors include a lack of time, lack of support, long shift patterns and expanded roles. These are challenges for us to address in the next stage of work. They also spoke about the importance of recruiting nurses, midwives and care-givers with compassionate values; measuring and assessing compassion; and the processes used to promote compassionate care, for example the use of the annual appraisal and feedback. We will be considering how we can support this as part of our next phase of work.

COMPETENCE: Nurses, midwives and care-givers demonstrate competence

2.8 Competence means that we have the knowledge and skills to do the job we are there to do and that we have the capability to deliver the highest standards of care based on research and evidence. We should have the right education, on-going training and support to give the best care and deliver the best outcomes. A high level of competence is required to deliver appropriate care, recognise a deteriorating situation, challenge poor practice or decision-making of others and provide support and advice that effects lifestyle changes that benefit the health and well-being of families and communities.

'To be able to use the relevant skills and training in the appropriate environment recognising one's own abilities and accountability'.

Trudie Bailey – Assistant Practitioner, Northern Devon Healthcare Trust

'Competence is being educated and developed to deliver the best care possible, for every patient, every time'.

Shane Moody – Lead Nurse and Advance Nurse Practitioner, Critical Care Outreach Services, Isle of Wight

'Competence means doing the right job in the most effective and efficient way; based wherever possible on research evidence or collected agreed best practice'.

Victoria Elliot - Care Quality Director, The Orders of St John Care Trust

2.9 Action must be taken where there is incompetence and our in our early conversations with the professions they questioned how we could effectively demonstrate our competence to the public. Standardisation of competency was also identified as an important issue.

COMMUNICATION: Nurses, midwives and care-givers demonstrate effective communication

2.10 Communication is central to making people partners in their care. Good communication involves better listening and shared decision-making - 'no decision about me without me'. It influences how the public perceive our care, our professions and our organisations. The way we communicate at a time of vulnerability will always be remembered; spending time to communicate effectively will have a huge impact on those we care for. Our ability to have an impact on the people who receive care means we have an additional and unique opportunity to make every contact count - to help people think about their general health and well-being. Our advice on healthy lifestyles will be taken seriously.

'Very simply, understanding and being understood'.

Gillian Duffey- Head of Midwifery, Women's, Children's and Sexual Health Services, Maidstone and Tunbridge Wells NHS Trust.

'Developing effective communication skills are vital for every member of our team to make sure we hear, understand and meet the individual needs of our residents and their families'.

Vince Burmingham - Owner/Registered Manager, Hendra House.

'I work with people with learning disabilities so for me the ability to communicate clearly in different ways with our client group is critical in making sure that they have support that really meets their individual needs'.

Jan Faulkner - Senior Care Worker, Sunnyside House, Thurrock.

2.11 Lack of communication or failure to determine that the person receiving care, their families or carer have heard the message being given is often the route of misunderstandings resulting in confusion and dissatisfaction. A large proportion of complaints to providers of services from the people we care for and their relatives are about poor communication.

2.12 When we spoke to people about communication, they highlighted the importance of thinking about the way we communicate with colleagues and managers as well as patients, relatives and carers. Improved outcomes and experience require high standards from the whole healthcare team. They also mentioned the need to adapt communication styles to meet differences presented by age, disability or language and to embrace new forms of communication through the use of technology as well as excellence in face to face communication.

COURAGE: Nurses, midwives and care-givers demonstrate courage

2.13 Courage enables us to do the right thing for the people we care for, to be bold when we have great ideas, engage with innovation and change and to speak up when things are wrong. Where we observe instances of poor quality care, or where we do not put the person first, we have a duty to challenge it, whether it is in our own team or elsewhere. We must not place our own personal interests or those of our organisation before the interest of the people we care for. We have a collective commitment to make care better. It means adopting a leadership role, being bold and working openly with others to build the health and social care services for the future. In some instances, it may also mean raising issues with our professional or quality regulators. We know that it takes real courage and skilled communication to raise difficult

health topics with people and to stand up to poor care. It also takes courage to innovate, suggest and implement new ways of working, providing care in different settings.

'Courage means that we should have the determination and fortitude to do what we know to be right and to challenge where we feel decisions or actions are wrong and harmful'.

Lisa Chapman – Community Staff Nurse, Totton Community Team

'Courage means to me standing up and being counted to ensure that patients remain at the centre of all aspects of care, even when finances are tight'.

Sue Morris - Specialist Falls Prevention Lead, Southern Health NHS Foundation Trust

'Courage means being a holder of hope that things will improve even when a service user can only see despair'.

Vikki Tweddle - Mental health nurse from 2gether in Gloucestershire and Herefordshire

2.14 When we spoke to people about courage in our early conversations they felt that some nurses, midwives and care-givers might be afraid to speak up. In our next phase of work, we will explore how individuals can be supported to speak up and how organisations can measure the effectiveness of this. We will also think about the role of the regulatory bodies, for example the Nursing and Midwifery Council, Health and Care Professions Council, the Commission for Healthcare Regulatory Excellence (soon to become the Professional Standards Authority for Health and Social Care), Care Quality Commission and Monitor.

COMMITMENT: Nurses, midwives and care-givers demonstrate commitment

2.15 Commitment will make our vision for the person receiving care, our professions and our teams happen. As nurses, midwives and care-givers, we are already committed to the people we care for and to improving care and we will commit to act in order to implement this vision. We see this as a “Call to Action” to all of us working in health and social care to make this a reality.

'Nurses and midwives are the life blood of the NHS and if we all commit to work together with the shared purpose of improving care imagine what we can achieve'.

Michelle Mello – National Lead for Energise for Excellence

'We work with families over long periods of time so being committed to them is important in order to help them achieve their optimum health and well-being'.

Louisa Corkan - Health Visitor, Northamptonshire Healthcare Foundation Trust

'Commitment is staying power, passion, seeing things through, to have the strength of character and belief to keep going and not lose sight of the end goal'.

Annie Ferris - Home Manager, Millbrook Lodge

'Practice Nursing is about making a commitment to patients, ensuring they have access to advice, information and care that enables them to better manage their health and long term conditions in a way that suits their needs and lifestyle best.'

Lizzie Wallman - Head of Primary Care Nursing for North Central London

2.16 The commitment to improving care is evident in the discussions we have had so far. However, we also need commitment to take action together to unlock the potential across our professions. Every nurse, midwife and care-giver has the power to make a difference and collectively we are a powerful group of professionals. If we all commit to act on this vision and strategy, the impact could be huge. We will consider how to take this further in the next phase of work.

Section three: Delivering the vision

3.1 Nurses, midwives and care-givers will need to work together and with others in the team to deliver the vision. However, through their role as registered professionals, all nurses, midwives and registered care home managers occupy a leadership role in relation to the teams they work in, setting the gold standard for care and supporting others to achieve it.

3.2 We have identified six areas for action to achieve the shared purpose of delivering high quality, compassionate care and improving health and care outcomes.

- Helping people to stay independent, maximising well-being and improving health outcomes
- Working with people to provide a positive experience of care
- Delivering high quality care and measuring impact
- Building and strengthening leadership
- Ensuring that we have the right staff, with the right skills in the right place
- Supporting positive staff experience

These will not be the only areas of action; locally there will be some different areas to focus on too.

3.3 Through this engagement exercise we want to hear whether these are the right actions to focus on to deliver our shared purpose. These areas for action span all care settings in the NHS, public health and social care. These will also support staff to live the values. The actions build on the *Energise for Excellence framework for improvement*⁶ and have been refined following our initial conversations. Many of our specific early actions will focus on our priority to make care right for older people, given that they are the main users of health and care services in the country.

Action area 1: Helping people to stay independent, maximising well-being and improving health outcomes

3.4 As nurses, midwives and care-givers we provide a pivotal role in helping people to achieve the best possible health and well-being, supporting them to live healthier, more independent lives for longer. Increasingly our role is to advise people on how to look after their physical and mental health, to support people who are experts in their own care, to prevent complications of long term conditions, and to lead early interventions that improve both current and future individual well-being and contribute to improved health outcomes for all.

To do this we need to:	The work will be supported by:	Areas for action
<ul style="list-style-type: none">• Deliver evidence-based care and extend evidence through	<ul style="list-style-type: none">• Programmes of work to promote nursing and midwifery roles in	<ul style="list-style-type: none">• Completing range of care pathways within the national programmes for health

⁶ Further details on Energise for Excellence at www.acalltoaction.co.uk/energiseforexcellence

<p>research</p> <ul style="list-style-type: none"> • Explicitly demonstrate our impact on outcomes and in particular the new NHS, public health and social care outcomes frameworks • Make 'every contact count' to promote health and well-being across all care settings at individual, family and community levels across all care pathways • Support people to maintain their independence for as long as possible • Maximise the contribution to public health especially through specialist community public Health nursing and midwives 	<p>prevention/health promotion and to transform services delivered by specialist public health nurses, including health visitors and school nurses to implement <i>Healthy Lives Healthy Futures</i></p> <ul style="list-style-type: none"> • Strong expert leadership from Public Health England to champion the knowledge and intelligence that can best support nurses, midwives and care-givers to impact on health and well-being • Developing leaders in well-being for nursing, midwifery and registered care home managers • Relevant initiatives in the <i>Caring for Our Future</i> White Paper (2012) 	<p>visiting and school nursing</p> <ul style="list-style-type: none"> • Completing the model of public mental health nursing which will improve the outcomes of people's mental health. This will include family and population level interventions • Undertaking a programme of work on nursing contribution to the dementia challenge • With strategic partner the Queen's Nursing Institute producing a 6 Cs strategy for nursing in community settings • Support training initiatives for health and care staff working with people with dementia
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Action area 2: Working with people to provide a positive experience of care

3.5 It is not enough to simply provide high quality technical care. When a person reflects on their contact with a nurse, midwife or care-giver, they think about other issues as well: for example, the environment they received care in; whether they were treated kindly and with respect and whether they had to tell their story more than once. The people that we care for, and in many instances their families and carers, are our partners in care and our practice must reflect that.

To do this we need to:	The work will be supported by:	Areas for action
<ul style="list-style-type: none"> • Design our services so people and their carers and family (where appropriate) are active participants in their care • Prioritise the people who receive care in every decision we make • Collect, listen to and act 	<ul style="list-style-type: none"> • Near time monitoring and improvement • Being open and transparent • Mechanisms to capture and respond to feedback • Working with communities to 	<ul style="list-style-type: none"> • Implementation of the Friends and Family test in all acute settings from April 2013 • Review how the Friends and Family or similar test can be extended to non-acute NHS settings. • Review how best to gain

on feedback and complaints <ul style="list-style-type: none"> Promote personal responsibility for health and well-being and taking preventative action 	understand priorities <ul style="list-style-type: none"> Understanding and responding to the needs of carers The work of the <i>Think Local Act Personal</i> partnership, which supports the social care sector to deliver personalised and community-based support. 	feedback from children and young people, vulnerable and hard to reach groups. <ul style="list-style-type: none"> From April 2013, development of the provider quality profile which will include feedback on registered residential or home care provider from users, carers and families
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Action area 3: Delivering high quality care and measuring impact

3.6 This is about delivering high quality care that is evidence-based. To do this we need to measure the right thing and measure outcomes to drive improvement. Measurement should also focus on the experience of the person using the service, alongside clinical outcomes, and it should be transparent.

To do this we need to:	The work will be supported by:	Areas for action
<ul style="list-style-type: none"> Follow evidence-based best practice to deliver high quality outcomes to those that use health and care services (many of which are older people) Measure what we do and our contribution to quality Be transparent and publish the outcomes Promote careers in research to strengthen focus on evidence-based practice 	<ul style="list-style-type: none"> Metrics and tools to measure the quality of nursing, midwifery and care-giving, including service users' views of care provided <p>Using technology to:</p> <ul style="list-style-type: none"> Collect information once and thus support productivity and efficiency Provide tools to promote safe practice Enable care to be provided in new ways and in new settings Support decision-making 	<ul style="list-style-type: none"> Work has started to develop nurse sensitive outcome indicators that measure the difference we make to the people we care for From April 2013, provider quality profiles published on the health and social care information portal will include a range of information on the quality of registered social care providers Further work on technology enabled practice

Action area 4: Building and strengthening leadership

3.7 This is about ensuring that our leaders have the skills they need to deliver. We know that there is a correlation between strong leadership, a caring and compassionate culture and high quality care. But this is not just about looking up to your line manager and beyond, we all have

a role to play providing leadership - whether it be in clinical practice, to trainee nurses and midwives, to other health and care workers in multi-disciplinary teams or to our Boards.

To do this we need to:	The work will be supported by:	Areas for action
<ul style="list-style-type: none"> • Ensure all registered nurses, midwives and registered care home managers understand their leadership role with the wider care-giving team • Free our leaders to have time to lead e.g. supervisory status, better use of technology • Empower nurses, midwives and registered care home managers to make local changes to improve care 	<ul style="list-style-type: none"> • Boards, senior leaders and team leaders setting a caring and compassionate culture • Education and training for practice leaders in applied leadership and change • All system leaders across health and social care working together to deliver the vision • A strong appraisal system • Publishing a leadership qualities framework for social care to describe the behaviours and competencies required for good leaders at all levels 	<ul style="list-style-type: none"> • Work with the NHS Leadership Academy and National Skills Academy for Social Care to develop a clinical leadership programme for nurses, midwives and care-givers • Strengthening the roles of practice leaders (i.e. ward sisters, community team leaders registered care home managers) • Champion the Care and Support Compact amongst care homes and home care associations, which commits to delivering high quality relationship-based care and support

Action area 5: Ensuring that we have the right staff, with the right skills in the right place

3.8 To deliver the vision, we need staff with the right skills and behaviours and the right quantity of them. Nurses, midwives and care-givers need time to learn and they need to be supported by organisations that promote compassionate and caring culture and values.

To do this we need to:	The work will be supported by:	Areas for action
<ul style="list-style-type: none"> • Use evidence-based staffing levels • Commit to and support life-long learning for the whole care-giving team • Recruit staff with the right culture and values 	<ul style="list-style-type: none"> • Staffing tools • Appropriate education and training for all nurses, midwives and care givers • Technology to free up time for nurses, midwives and care-givers to care and learn • Developing tools for assessing values and 	<ul style="list-style-type: none"> • The evidence-base for staffing in acute sector is more developed and further work is needed on mental health, community and primary care services • Ensuring our values and behaviours encompass 'making every contact count' to improve the public's health and developing the knowledge and skills to deliver this

	culture	<ul style="list-style-type: none"> • Review outputs of Skills for Health and Skills for Care work on competencies for care assistants • All universities to recruit for values and culture • Ensuring staff have the right skills to care for people with dementia.
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Action area 6: Supporting positive staff experience

3.9 Our shared purpose will only be achieved if staff are supported to do their job well. This involves providing supervision and support within a culture of care, compassion and a recognition of the emotional labour of nursing, midwifery and care-giving. We know there is a correlation between staff experience and quality of care⁷.

To do this we need to:	The work will be supported by:	Areas for action
<ul style="list-style-type: none"> • Create worthwhile and rewarding jobs • Create equality of opportunity • Support each other and new entrants to the profession • Be professionally accountable • Embrace new technology • Be productive and efficient 	<ul style="list-style-type: none"> • Supervisory status of ward and team leaders to provide support and supervision • Appropriate appraisal and personal development • Leadership development, including a leadership forum to lead the transformation in adult social care 	<ul style="list-style-type: none"> • More uniform use of technology to free up nursing and care time to avoid duplication of information capture at the point of care • Review preceptorship and clinical supervision options • Review research carried out in West Midlands to support staff

Making these changes happen

3.10 Nationally, we will work in partnership with the Care Quality Commission, Monitor, Public Health England, Health Education England, Skills for Care, Skills for Health, the NHS Trust Development Authority, NHS Employers as well as professional and staff side bodies.

3.11 Many of our nurse, midwife and social care programmes are already delivering significant improvements in the quality of care and we want to build on these. Where excellent practice exists in the system, we need to become better at applying it in our day-to-day work. Through this engagement and that of the Nursing and Care Quality Forum⁸, we want you to tell us about initiatives you are aware of that support these areas. In addition to this existing work, there are a few areas where specific new pieces of work will need to be taken forward, developing new tools for nurses, midwives and care-givers to use.

⁷ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_129643

⁸ www.dh.gov.uk/ncqf

Section four: Getting involved

We want to hear your views on the ideas we have set out in the strategy and how we turn the vision for nursing, midwifery and care-givers into practice. We would like to hear from all staff groups, patients, those receiving care, their families, carers and the public.

There are a number of ways in which you can get involved.

View details of the engagement exercise and provide your input and learn about activities taking place to promote involvement and engagement in the vision and strategy:

- www.commissioningboard.nhs.uk/nursingvision/
- www.dh.gov.uk/health/category/cpo/director-nursing

Use the hashtag **#6Cs** and join the debate on Twitter. Follow us:

- @nhscb
- @JaneMCummings
- @VivJBennett

Look out for local activities taking place in your organisation or region between 21 September 2012 and 16 November 2012.

The NHS Commissioning Board website will be updated regularly with activities taking place to promote involvement and engagement in the vision and strategy. Please check the website regularly to find what activities are happening: www.commissioningboard.nhs.uk/nursingvision/

We want to hear your views on the ideas we have set out in the strategy and how we turn the vision for nursing, midwifery and care-givers into practice.

It would be helpful to have your views on the following issues.

Please send any feedback by **16 November 2012** via the electronic form at www.commissioningboard.nhs.uk/nursingvision/

1. Through our initial discussions with the professions, have we identified the right shared purpose for nurses, midwives and care-givers - to maximise our contribution to high quality compassionate care and excellent health and well-being outcomes for all people? Please explain your answer.
2. What do the six values and behaviours for the professions - care, compassion, competence, communication, courage and commitment mean to you?
3. What steps are needed to embed the values and behaviours - care, compassion, competence, communication, courage and commitment - into every contact and all the care we deliver?

4. Will a focus by nurses, midwives and care-givers on the six priority areas we have identified deliver the vision and the shared purpose? Is anything missing? Please explain your answer.
5. What national and local initiatives are you aware of that support the six priority areas? Please provide brief details.
6. How do we strengthen working between the health and care sector in these six priority areas? Please provide brief details.
7. Are there any obstacles to delivering the vision and embedding the values and behaviours? What would you want to see in place to address these? Please explain your answer.
8. Are the terms 'people we care for' and 'care-givers' helpful to use in this context, or are there alternatives?

When explaining responses, please respond using bullet points.

If you would prefer to send a hand-written response, please send it to:

The Nursing, Midwifery and Care-Giving Vision Team
c/o NHS Commissioning Board
Quarry House
Quarry Hill
Leeds
LS2 9UE

Email: commissioningboard@nhs.net

How we will use the information you submit

Your comments may be shared with colleagues in the Department of Health and the NHS Commissioning Board and/or be published in a summary of responses. Unless you specifically indicate otherwise in your response, we will assume that you consent to this. We will assume that your consent overrides any confidentiality notice generated by your organisation's email system.

Appendix: Vision visual

Developing the Culture of Compassionate Care – Creating a Vision for Nurses, Midwives and Care-Givers

Our shared purpose is to maximise our contribution to **high quality, compassionate care** and to achieve **excellent health and well-being outcomes**



Our **values** and **behaviours** are at the heart of the vision and all we do ...

Care	Compassion	Competence	Communication	Courage	Commitment
Delivering high quality care is what we do. People receiving care expect it to be right for them consistently throughout every stage of their life.	Compassion is how care is given, through relationships based on empathy, kindness, respect and dignity.	Competence means we have the knowledge and skills to do the job and the capability to deliver the highest standards of care based on research and evidence.	Good communication involves better listening and shared decision making - 'no decision about me without me'.	Courage enables us to do the right thing for the people we care for, be bold when we have good ideas, and to speak up when things are wrong.	Commitment will make our vision for the person receiving care, our professions and our teams happen. We commit to take action to achieve this.

... in the NHS, in public health and in social care.

Making this happen needs us all to commit to action and nurses and midwives to take the lead in these six areas ...

Helping people to stay independent, maximising well-being and improving health outcomes

To do this we need to:

- Deliver evidence-based care & extend evidence through research
- Explicitly demonstrate our impact on outcomes
- Make 'every contact count' to promote health & well-being at individual, family & community levels across all care pathways
- Support people to remain independent
- Maximise the contribution to specialist community public health nursing

This work will be supported by:

- Work to promote nursing, midwifery & care-giving roles in prevention/health promotion & to transform these services
- Strong expert leadership from Public Health England
- Developing leaders in well-being
- Relevant initiatives in the *Caring for Our Future White Paper* (2012)

Working with people to provide a positive experience of care

To do this we need to:

- Design our services so people, and their carers and family (where appropriate) are active participants in their care
- Prioritise patients and the people who receive care in every decision we make
- Collect, listen to and act on feedback and complaints
- Promote personal responsibility for health and wellbeing and taking preventative action

This work will be supported by:

- Near time monitoring & improvement
- Transparency
- Mechanisms to capture and respond to feedback
- Work with communities on early priorities, which may include dementia, support for carers, children and young people
- The work of *Think Local Act Personal*

Delivering high quality care and measuring impact

To do this we need to:

- Follow evidence-based best practice to deliver high quality outcomes to those that use health and care services (many of which are older people)
- Measure what we do and our contribution to quality
- Be transparent and publish the outcomes
- Promote careers in research to strengthen the focus on evidence-based practice

This work will be supported by:

- Metrics & tools to measure the quality of nursing, midwifery and care-giving, including service users' views of care provided
- Using technology to support productivity and efficiency; promote safe practice; enable care to be provided in new ways; support decision-making

Building and strengthening leadership

To do this we need to:

- Ensure all registered nurses, midwives & registered care home managers understand their leadership role with the wider care-giving team
- Free our leaders to have time to lead e.g. supervisory status, better use of technology
- Empower nurses, midwives & care managers to make local changes to improve care.

This work will be supported by:

- Boards, senior leaders & team leaders setting a caring & compassionate culture
- All system nurse leaders working together across health & social care to deliver the vision
- A strong appraisal system
- Publishing a social care leadership qualities framework describing behaviours & competencies required for good leaders

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

To do this we need to:

- Use evidence-based staffing levels
- Commit to and support life long learning for the whole care-giving team
- Recruit staff with the right culture & values

This work will be supported by:

- Staffing tools
- Appropriate education and training for all nurses, midwives and care-givers
- Technology to free up time for the whole team to care and learn
- Developing tools for assessing values and culture

Supporting positive staff experience

To do this we need to:

- Create worthwhile & rewarding jobs
- Create equality of opportunity
- Support each other & new entrants to the professions
- Be professionally accountable
- Embrace new technology
- Be productive and efficient

This work will be supported by:

- Appropriate appraisal & personal development
- Clinical supervision & support/supervision and support in care settings
- Leadership development, including a leadership forum to lead the transformation in adult social care

... we will focus on the areas that will have the biggest impact for all and particularly older people

Please send your feedback on how we can achieve this vision to www.commissioningboard.nhs.uk/nursingvision/

*By **care-giver** we mean people providing direct care which would include healthcare assistants, nursing auxiliaries and assistant practitioners working in nursing and midwifery teams and care and support workers.

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