

Care

Compassion

Competence

Communication

Courage

Commitment

Compassion in Practice
– One year on



Directorate

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Compassion in Practice – One year on

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Foreword

The values that underpin our professional care have never been more important than at the present time. The Francis Report, the Keogh Report, the Cavendish and Berwick Reviews have all highlighted how we need to improve and in doing so have emphasised the centrality of compassion in the care we deliver. We can never be complacent and must continue to listen to the people we care for and to staff who are responsible for that care so we can continually improve.

When we launched our strategy: *Compassion in Practice*, a year ago we were confident that the 6Cs: Care, Compassion, Competence, Communication, Courage, and Commitment, reflected the values we all aspire to, all day, every day. These are the values and behaviours that the people we care for said were important to them and that professionals said were at the centre of being a nurse, midwife, or care staff member.

National leaders from all our key partners and I have travelled the length and breadth of the country to speak with hundreds of professionals and patients in a variety of different settings. It is clear that the 6Cs articulate the values of our staff who are committed to providing the best possible care. The 6Cs are enabling staff to reconnect with their values. We have seen hundreds of examples where frontline staff, managers, educators and Board members are taking responsibility to ensure that they learn from mistakes made and to provide the leadership at every level of their organisations. This ensures an environment where staff can deliver compassionate care to the best of their ability.

NHS England, the Department of Health, Health Education England and Public Health England, Trust Development Authority, Care Quality Commission (CQC), Monitor and the Nursing Midwifery Council are committed to delivering the strategy and it has been fully endorsed by stakeholders representing health and social care.

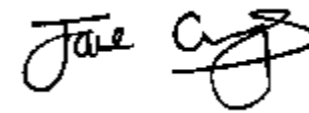
Our goal in this first year has been to communicate the ethos of the strategy throughout the service, to all health professionals, managers, educators and support staff, not only to nurses, midwives and care staff. As we celebrate our progress in the past year, it is

“It is clear that the 6Cs articulate the values of our staff who are committed to providing the best possible care.”

clear that health and care staff are embracing the 6Cs. They recognise that no one C is more important than any other: their strength lies in their combined expression of our values and behaviours. We have maximised our engagement through conferences, visits to individual hospitals, care homes, units and departments, newsletters, our communications hub: 6CsLive! and through extensive use of social media. The 6Cs has become an exciting social movement: democratising the strategy and making it a grass roots movement.

We have extensive qualitative evidence of the impact of the 6Cs in practice and we are delighted to share the examples across the system in this report. There is a wealth of good practice, of committed staff working hard to drive up standards and to provide the evidence of that improvement. We know that the enthusiasm for, and engagement in, the strategy that has taken root in this first year, and will lay the foundations for our further work to provide the quantitative data to measure improvement in our goal to deliver compassion in practice across all parts of the health and care services.

I have been moved and inspired by the nurses, midwives and care staff I have met over the past 12 months, including their commitment to the 6Cs. I am proud to be a nurse and a member of our profession.



Jane Cummings
Chief Nursing Officer England

“The 6Cs has become an exciting social movement: democratising the strategy and making it a grass roots movement.”



1 Compassion in Practice: our vision

Compassion is fundamental to patient care and the need for compassion in practice is as strong as it has ever been. Nurses, midwives and care staff are in a powerful and influential position to improve the experience of patients, the quality of care and health outcomes across the range of health and care sectors.

We published our strategy – *Compassion in Practice* – just a year ago to set out our shared purpose to deliver high quality, compassionate care and to achieve excellent health and wellbeing outcomes. We built our three-year strategy on the enduring values that underpin care wherever it takes place; to allow each nurse, midwife and care worker to deliver the high quality care that patients expect and we want to deliver.

The strategy centres on core values and behaviours recognised by patients and carers alike and which are encapsulated in the 6Cs: Care, Compassion, Competence, Communication, Courage and Commitment. Each of these key concepts has been defined through extensive consultation with patients, nurses, midwives and care staff as part of our process of engagement with the professions.

Care: is our core business and that of our organisations, and the care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. 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, respect and dignity – it can also be described as intelligent kindness, and is central to how people perceive their care.



Competence: means all those in caring roles must have the ability to understand an individual's health and social needs and the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.

Communication: is central to successful caring relationships and to effective team working. Listening is as important as what we say and do and essential for 'no decision about me without me'. Communication is the key to a good workplace with benefits for those in our care and staff alike.

Courage: enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working.

Commitment: to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients, to take action to make this vision and strategy a reality for all and meet the health, care and support challenges ahead.

We are all aware that the context for healthcare and support is changing rapidly. The public's expectations of their care increase year on year and failings such as at Mid Staffordshire NHS Trust and Winterbourne View have threatened patient confidence and challenge us all as professionals. Our strategy renews and reinvigorates our focus on our core values and provides a shared purpose which will ensure that we can fulfil our promise to deliver high quality, compassionate care.

The 6Cs are underpinned by six Action Areas each of which addresses a key element of our vision. They set ambitions for improvement and are changing the way we work, transform the care of our patients and ensuring that we develop further our culture of compassionate care.

Our aim through the Action Areas and the 6Cs is to achieve a culture change in every health and social setting, including wards, clinics, consulting room and community setting, as well as every boardroom. This change must run through the veins of all health and social care organisations so that care is safer, more compassionate and constantly improving.

We have set out a three-year strategy to achieve our goals and in this first year our goals have been to create awareness of the strategy throughout the country, and to communicate the ethos, excitement and actuality of the strategy and the 6Cs in practice to all clinical staff, support staff, care staff, managers, educators, and to our stakeholder partners.

There is still much to do on our journey to change the culture of how we care and the culture in which we work. This report celebrates the progress we have made together towards achieving these goals.

1
Action Area 1:
Helping people to stay independent, maximising wellbeing and improving health outcomes

2
Action Area 2:
Working with people to provide a positive experience of care

3
Action Area 3:
Delivering high quality care and measuring impact

4
Action Area 4:
Building and strengthening leadership

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

6
Action Area 6:
Supporting positive staff experience

2 The patient's voice in Compassion in Practice

The ultimate measure of success for our *Compassion in Practice* strategy will be seen in the confidence and perceptions of our patients. We know that patients and those we care for recognise compassion in their care and are quick to acknowledge the real difference it makes to their care.

When we were developing our *Compassion in Practice* strategy, we listened to hundreds of patients and to the comments received by organisations such as Patient Opinion. We learnt that staff attitudes are both the most common aspect of the best care experienced by patients and carers, but that they can also be the biggest problem in the health services (Patient Opinion, 2011). Above everything, patients want better communication, considerate staff and more information. It is clear that for the majority of patients and carers, staff attitudes play a vital role in shaping the final perception of their experience of care. These can all be addressed at an individual level through changes in behaviour, culture and operating practices. The work that Dr. Kate Granger has recently highlighted with [#hello my name is...](#) is a good example of this.

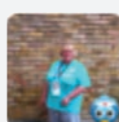
We know when care is excellent and when we experience true compassion. Compassion is shown in many ways: in coordinating the skills of a life guard so a man with learning disabilities can enjoy swimming again, in making time to listen to patients' concerns, in sitting quietly with an elderly person nearing the end of life.

In recent months patients and their families have spontaneously written to us to express their gratitude for the care they have received.



Feedback from a patient today
'All the staff demonstrated utmost #care and #compassion.'

Clare Flatt @MrsCFlatt



'As one person I cannot change the world, but I can change the world of one person.'

Lisa Marsh (Reith) @lillybubs

2

Patients expect competent care, they expect the best clinical care available. We are using a range of measurement tools to provide evidence of improvements in care. For example, the Friends and Family Test is being used to provide real time feedback; and the Safety Thermometer provides information about patient harms so that improvement can continue to be made.

'I was recently admitted to hospital as an emergency, subsequently had major surgery and I have made a good recovery. I was very impressed with Jennifer Raggett, a young 1st year student nurse who was outstanding in her care, she demonstrated practising the 6Cs in the way she gently spoke with me, never appearing rushed, taking time and making sure I understood what she was saying to me. She was committed, answering patients' buzzers as quickly as she could and making sure they knew she would come to them. I am full of hope to see a young nurse who was so caring and compassionate.'

Elaine Unegbu [Patient, Manchester]

'I know from personal experience that people being treated in hospital feel vulnerable and under stress. They need and deserve compassionate care at this time. I like to think I treat patients as I would like to be treated myself.'

Jennifer Raggatt [Student Nurse]

'My daughter's community psychiatric nurse (CPN) is a prime example of someone who has taken on board every one of the 6Cs. My daughter, Emma, suffers from paranoid schizophrenia. Schizophrenia is no respecter of nine to five hours and often the crisis come at evening, weekends, bank holidays, and in my daughter's case, Christmas. Emma's CPN has given me her mobile phone number so I can contact her at any time and there have been times when I have been forced to call for help during unsociable hours.'

'She has taken a very personal interest in Emma's case and encouraged her to rediscover a pride in her appearance, take up cooking, and even look at low stress part-time jobs she might take. She is currently getting Emma's flat spruced up and regenerated because when Emma is unwell she loses all sense of cleanliness and hygiene. When my daughter is unwell she can be confused and difficult to deal with but her CPN handles it all with a cheerful patience and calmness.'

Alan and Emma Cork [London]



'My daughter's community psychiatric nurse (CPN) is a prime example of someone who has taken on board every one of the 6Cs.'

3 Achieving our vision

The real work to implement our strategy relies on individuals acting to embed the values and behaviours of the 6Cs in everything they do, supported by their local organisations and by national bodies. The evidence that this exciting journey is well underway comes from many sources: the patients and individuals we care for; stories and initiatives from frontline staff; the commitment to organisational change from health and care organisations; and the support and endorsement of key national stakeholders.

A great deal of positivity, enthusiasm and momentum is building around the strategy with strong collaboration and support being demonstrated by nurses, midwives and care staff alike. This is vital for the plan to be a success. We have seen evidence of enthusiasm, energy and commitment from all staff groups, organisations and national bodies to make this succeed. The 6Cs provide a value set that reinforces what people came into the profession to do and to make a difference to the people we care for. It is this strong, collective voice that enables us to articulate our values and to ensure that recent failings in the quality of care are not repeated.

Key to successful implementation has been addressing the challenge to make the 6Cs real, to make them universal and to define what we mean by compassion.

Compassion

Compassion is a value recognised by nurses, midwives, care staff, patients and the public yet it can be difficult to describe it. It is a force within you as well as an action that you can perform. Essentially it occurs between two people and it is fixed in a particular time and place. It is represented in many ways including a word, a smile, an act of kindness, or by listening to another person. It is an experience in which one person recognises and responds to the suffering of another person by giving emotional energy.

The evidence shows that compassion is in the beliefs and values of the individual's care – it is seen in small things that make a big difference to patient comfort. It makes patients feel cared for. Compassionate role models can energise staff and enhance others' ability to be compassionate. (Chellel.A, 2013)

3

“... compassion is... imagination... creativity and empathy... and having a degree of thought of what can I do how can I make this better... just lots and lots of little things like having cold water available, rubbing somebody's back, having a straw for them to drink because they can't hold the cup for themselves, just lots and lots of useful things you can do.”

Midwife [Brighton]

“Compassion can be as simple as a hand on a shoulder.”

Care Maker

“Propping up the pillows of a patient who was uncomfortable and making sure their table and drink was close so they could reach it.”

Care Maker

Practical steps to implementation

Our pledge is to work with nurses, midwives and care staff across England to implement and embed the vision within *Compassion in Practice* for everyone in our care, every day.

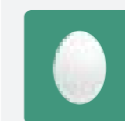
Jane Cummings, Chief Nursing Officer England, Viv Bennett, Director of Nursing, Department of Health and Public Health England, national leaders from our key partners, and the whole 6Cs team have travelled the length and breadth of the country taking every opportunity to attend events and to speak with groups of nurses, midwives and care staff. We have visited a wide range of settings from acute wards to midwifery units, national conferences, individual care homes, community care settings, regional events, from the armed forces in the field of battle to awards ceremonies, and university departments. These numerous visits have revealed impressive and moving commitment, enthusiasm and energy among all staff and their organisations to achieving the goals of our strategy and to embed the 6Cs in practice.

“The 6Cs provide a value set that reinforces what people came into the profession to do...”



‘Moving and personal talk from Gill Harris, Chief Nurse, NHS England North – Inspirational!’

Joy Wharton @JoyWharton1



‘Hello Jane I saw you @NEC on Tues – fantastic! Inspirational, motivational AND you care. Refreshing. Thank you’

Elizabeth Finnegan @ElizabethMFinne

Impact of communications and social media

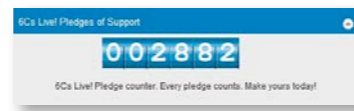
Our goal in this first year of the strategy has been to raise national awareness about *Compassion in Practice* and the 6Cs throughout health and care services, from individual frontline staff to Board members. We have taken full advantage of the unique opportunities offered by the growth of social media and alongside our sophisticated virtual communications hub, newsletters, personal visits, and journal articles; these are all playing a major part in spreading the message and sharing the values. The impact, spread and energy of Twitter sites such as 6Cs, #wenurses, #nurchat and #wehealthvisitors, and a dynamic central website with associated resources have contributed enormously to awareness of the 6Cs and Compassion in Practice. This has meant that innovations, ideas and experiences can be shared easily.

Our 6CsLive! Communications hub was launched in July to support and help staff in delivering high quality care. At 6CsLive! you can:

- Pledge support to the 6Cs campaign
- Access evidence-based tools and techniques
- Take action to become a 6CsLive! Champion to proactively promote the 6Cs within your organisation, team and those you care for
- Share examples of how colleagues across the country have delivered improvements
- Join a community of practice to share experiences and celebrate successes
- Join webinars to share information about the six Action Areas
- Follow 6CsLive! Twitter feed

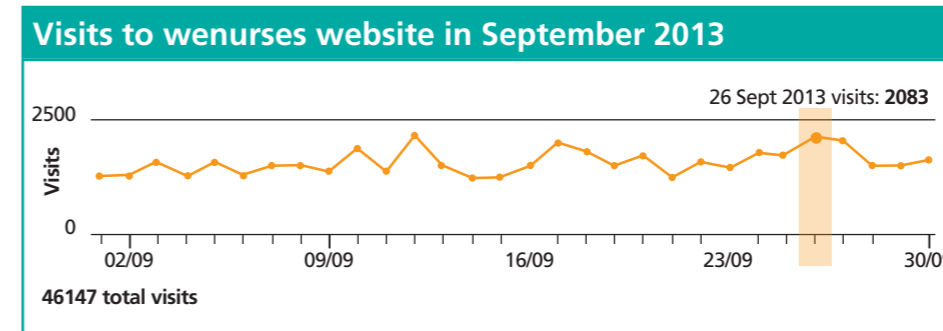
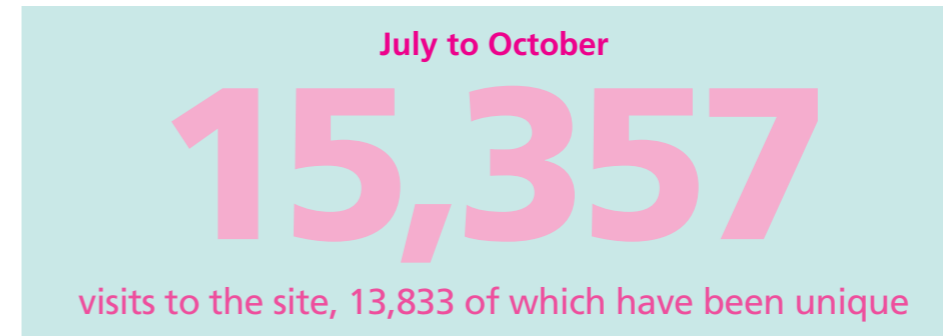
In the few months since the launch of 6CsLive! there has been a marked increase in visits to the site, in the numbers pledging their support to the strategy, in the numbers taking part in webinars and our weeks of action, and in the range and activity among the ‘tweeting’ community. The webinars are a great opportunity to engage with experts and clinical teams sharing their experiences of improvement and delivering excellent care through the 6Cs.

“In the few months since the launch of 6CsLive! there has been a marked increase in visits to the site...”



‘Led a large-scale trainee meeting earlier in week where we talked at length about @6CsLive and its vital role!’
Darren Kilroy @DrDKilroy

‘6 Cs and We Care Event week at @EKHUFT in full swing revealing committed staff engaged in making a difference.’
Maria Linden @lindenbm1



Weeks of Action

Our Weeks of Action support and encourage all staff delivering the 6Cs and focus on specific topics. A highly successful Week of Action took place in October on Action Area 1 and featured the 6Cs and the six domains of public health which support nurses and midwives to make a difference. Activities during the week focused on how health and care staff can improve health outcomes through a series of blogs, #WeNurses chat sessions, and webinars which led to in depth and engaging discussions for all those involved. Information about the week’s activities can be accessed at <http://vivbennett.dh.gov.uk/> <http://storify.com/DHgovuk/compassion-in-practice-public-health-week-of-action>



Champions
765
Champions committed

6CsLive!
Webinars May – September 2013
575
people registered to join

587
attended webinars

34,904
page views

Care Makers

Our Care Makers have a passion for ensuring patient-centred, compassionate care. They are nurses, midwives, allied health professionals (AHP) and healthcare assistants who act as ambassadors for the 6Cs. The numbers are increasing steadily and we now have 252 Care Makers creating a unique link between national policy and strategy and the frontline from Newcastle to Southampton, from Norwich to Weston-Super-Mare. The Care Makers Facebook community group page is visible to everyone but only Care Makers can post. Each new member request is cross-referenced with the Care Maker database before being accepted.

To access the Facebook page, see:
www.facebook.com/groups/caremakers/

‘I’ve never heard such good and thoughtful aspirations inspired by the 6Cs about how they [Care Makers] can change for good the image of nursing through the 6Cs... They were absolutely inspirational about taking the 6Cs and saying we are going to make a difference.’

Liz Redfern [Deputy CNO, NHS England and Senior Responsible Officer AA2]

‘A man with Asperger’s didn’t like strangers and I managed to communicate with him by not looking at him and talking to the wall until he felt comfortable to talk.’

Student Care Maker

‘Our role is primarily to promote the 6Cs and I think the Care Makers’ passion and enthusiasm promotes this, we embody the vision and continue to inspire others to do so. Also being newly trained, we can bring fresh insight and energy into the profession with our leaders. The 6Cs is what care should look like and I want to help ensure that these standards are held in all our practices.’

‘I decided I wanted to become a Care Maker when I heard Jane Cummings talk about the 6Cs and the nursing vision. I got really inspired and I loved the idea. Since then I’ve been able to tell people about what’s happening in healthcare leadership. It’s a great privilege to be a face of frontline staff, and being enthusiastic about the Care Maker role and the nursing vision is extremely important.’

Femi Faniku [Care Maker]



‘Our Care Makers have a passion for ensuring patient centred, compassionate care.’

‘I stayed on my own with a lady holding her hand as she died. I could have walked away as I was unsure what would happen, but I stayed and talked to her until she passed.’

Care Maker

The Care Makers Twitter feed has nearly 600 followers and the numbers are growing week by week. Over half the number of tweets made are re-tweeted by at least one other follower – a striking proportion which represents an impressive spread of Care Makers’ ideas.

Partners and stakeholders

Key stakeholders have been consistently supportive and have engaged with the values that underpin the strategy, recognising that these values are their values. Key partners including NHS England, Public Health England, The Care Quality Commission, Monitor, NHS Trust Development Authority, Nursing and Midwifery Council, NHS Employers, universities and professional bodies are working together to share good practice and achieve our vision.

Leadership network embraces the 6Cs

The NHS Clinical Leaders Network (CLN) is a unique membership organisation of some 4,000 frontline managers including nurses, midwives, doctors, AHPs and health service managers. The CLN has endorsed the 6Cs as the vision and recurrent theme for the Network’s activities. They are working to ensure that clinicians and non-clinicians embed the 6Cs values in themselves and the staff they manage. The CLN’s network resembles a matrix, with each member being linked to many other networks through which the culture of the 6Cs can be cascaded. As frontline leaders, members are ideally placed to deliver change for the benefit of patient care.

Raj Kumar, Chairman of Council



4 The response at the frontline

We have always known that the drive to make *Compassion in Practice* a reality will come from the frontline, and the staff who care for patients day in, day out with commitment and dedication. The thousands of pledges made on 6CsLive!, the hundreds of champions and Care Makers are just the tip of the iceberg of enthusiasm and commitment that we have encountered as we have travelled around the country.

There are remarkable examples of the ways in which staff are embracing the values and behaviours that underpin the 6Cs and are making them an integral part of their practice. We have seen innovative approaches to providing joined up services that respond to patients' needs, improvements in discharge processes to meet patients' needs, highly effective multidisciplinary team working, and changes in response to the Friends and Family Test.

There have been measurable improvements in key indicators such as falls, patient safety dashboard data, safe and compassionate care, and reductions in pressure ulcers as a result of a changing culture of care. Increasingly technology is being used to improve communication and patient safety, simplify care planning and respond to patients needs. Technology also enables nurses, midwives and care staff to have more time to care for patients.

“We all provide compassionate care, we like to think we do but how do we evidence that in our practice, how do we support it, what is our competency framework, how do we work with other team members to provide compassionate care? It's about bringing it to a local level, having conversations in our teams about what communication means to us, how do we communicate, have we got appropriate structures in place to communicate effectively? Sometimes you have to take a step back and think about things.”

Matthew Hodson [Nurse Consultant, Homerton University Hospital, London]

4

“The 'Stop the Pressure' campaign aims to achieve a 50 per cent reduction in pressure ulcer prevalence this winter. <http://nhs.stopthepressure.co.uk>”

“On a visit to the hospital at Camp Bastion in Afghanistan, I met nurses from the UK, USA and Denmark. I listened to nurses talking about how they care for both soldiers and civilians in these remarkable conditions. They spoke of their work treating injured soldiers and insurgents, prisoners and children.

The 6Cs were demonstrated by everyone I met and captured by the professionalism of all in a very difficult environment. Particularly in the work of a reservist paediatric nurse who was caring for a young boy who had lost both his legs in a landmine explosion. The nurse was caring for a child with traumatic injuries in a military hospital. Despite having to communicate with the boy through an interpreter, she really engaged with him, and reassured him as she treated him. In everything that she did, she demonstrated her courage to be there, her commitment to truly care and do the best possible for the injured child.”

Jane Cummings [Chief Nursing Officer, England]

In this section we showcase some of the remarkable people who are responsible for delivering *Compassion in Practice*. There are many more like them throughout the country. These case studies exemplify the commitment shown by so many of our colleagues.



Commitment to fulfil a patient's needs

The challenge:

We were nursing a gentleman in his 60s who was already very poorly with spinal cord compression secondary to lung cancer and bone metastasis, when his condition became life-limiting to a few weeks after his bowel perforated following radiotherapy.

The response:

In situations like this we know that hospital is not where the patient wants to be, so I feel it's vital that we provide the best possible care we can, going the extra mile to help make their experience as comfortable as it can be.

I arranged for the gentleman to be nursed in a side room with sofas and chairs as his daughter was pregnant, and gave the family the option of an additional bed for if they wanted to stay overnight.

The patient was so excited to become grandfather to a baby boy but after we learnt that he would not live to see him born, I asked his wife if the family had considered a 4D ultrasound of their daughter's unborn baby. The scan would allow him to see the baby moving and its features and I arranged for the family to watch the scan DVD together in a side room on the ward.

The atmosphere on the ward was indescribable and the patient couldn't wait to meet his grandson, his spirits were lifted and the ward staff were thrilled to be a part of it.

The patient went home nine hours after his request for discharge was made, I coordinated both hospital and community staff to ensure that all the equipment, nursing services and medical support he needed was in place. Soon after discharge he died peacefully in the comfort of his own home with his family around him.

The family have been back to the ward a few times to visit and the last time they brought the new addition to the family – the healthy baby boy we saw on that scan.

We provided the best possible **care** for this patient and his family, showing **compassion** for his situation, **competence** in managing the discharge, communicating with his family to realise his wishes, and being **committed** to making sure the patient was home on the same day. You can make such a difference with little effort or financial impact: you just need the **courage** to speak up.

Catherine Ray, Senior Sister

Action Areas: **2**



Improved caseload planning gives more time for patients

The challenge:

The community nursing team were finding it difficult to plan patient visits. We were spending nearly 2.5 hours a day planning caseload, and were struggling to have time to manage our workload and training. **Communication**, **care** and **compassion** were compromised making the team look as if we were not **competent** and lacked **commitment**.

The response:

The team had the **courage** to raise concerns and acted to change the way the team worked. Joan Pons Laplana adapted a workforce management planner, originally created by staff within the trust, which records patient demographics, admission and discharge dates, geographical area and uses colour coding to reflect the Trust's referral criteria and response times.

Community staff can now locate a patient with a click of a button, or for audit purposes can identify all patients with, for example, a pressure ulcer. Incident and management reporting is now easier, resources are used efficiently and effectively and community nurses can spend more time caring for patients and improving their experience. The team have benefited from more organised planning, reduced travel, better use of time for patient visits, time for training, monitoring demand and capacity, in short being proactive rather than reactive. Daily patient allocation meetings have reduced from 2.5 hours to 15 minutes, travel costs have decreased, and daily phone messages to ask if a nurse is visiting have reduced by 90 per cent.

Community Nursing Team

Action Areas: **3** **5** **6**

“..the team have benefited by becoming more proactive rather than reactive.”



The Children's Community Nursing Team: A life-line in challenging times

The challenge:

Ollie Duell is an inspiring eight-year-old boy living with a host of medical conditions that would leave most of us on our knees. His mother, Claire, says the family has coped with the devastating impact of his illnesses due to the life-line offered by Cambridgeshire Community Services NHS Trust's Children's Community Nursing Team.

Claire explains 'Since he was a baby Ollie has lived with a condition called intestinal pseudo-obstruction where the intestines lose their ability to contract and push food and stools through his system. The nurses from the Children's Community Nursing Team have been with us since Ollie was three months old, so know him inside out and provide the majority of his care at home, hugely reducing the amount of time he has had to spend in hospital.'

The response:

Sadly, Ollie's bowel transplant rejected in 2012 and life now involves a complex regime of 25 medicines each day mainly given through a nasogastric tube placed through his nose and down into his stomach and a nasojejunal tube which enables him to be fed.

The team have taught Ollie's mother to give him certain medications and manage his feeding tube. They have also taught the teaching assistants at his school to understand his needs so he can go to school for eight hours a week. As a result of the team's approach to providing Ollie's care, he is able to spend much more time at home, avoiding hospital admissions wherever possible. The family as a whole are treated with **compassion** and dignity and the team demonstrates **competence** in a wide range of areas to ensure Ollie's complex needs are met and he is supported to retain as much independence as possible.

As Claire says: 'I cannot thank the Children's Nursing Team enough for all the care they give Ollie and the entire family. We consider them an integral part of our family life; without them it's simple, we just wouldn't cope.'

Jenni Sherman, Vicky Amiss-Smith and Mags Hirst,
Children's Community Nursing Team

Action Areas: **1**

End of life care: fulfilling a patient's wishes

The challenge:

The patient, a man in his late 50s with cancer, was deteriorating rapidly and wanted to see his home and garden and to make a record of his life history for his wife and family. Time was short, he had decreasing mobility and needed regular pain relief, but we recognised that these desires were pivotal to his spiritual wellbeing. Finding a solution demanded **commitment** to the spiritual hospice ethos and **compassion** through an empathetic approach to the man's needs.

The response:

We were determined to enable the patient to fulfil his wishes. We reorganised caseloads to allow two visits to his home; the hospice minibus, transfer aids and a wheelchair were arranged; a risk assessment was carried out and shift attendance times offered so the visits could be made. We organised blank DVDs and a recording system so he could make an audio recording of his life story and subsequently transcribed it for his family.

This required **courage** in deciding to organise the visits and resource, **communication** skills in liaison with managers, and managing patient and family expectations, and **competence** in extra minibus driving and patient transfer skills.

In a hospice environment where nursing needs are often complex, nurses have to ensure that patients' spiritual wellbeing is also attended to. The patient's wife and family expressed their heartfelt thanks, especially for the audio recording of his life history.

The nursing team's esteem was boosted by the family's reaction which helped reaffirm the importance of our work.

Steve Denison,
Staff Nurse

Action Areas: **2** **6**

'We were determined to enable the patient to fulfil his wishes.'

Committing the time to communicate

One of the aims of Your Healthcare is to enable people to regain their independence. Some clients do not want to engage and it can then be difficult to provide the services they need.

One client was referred to Your Healthcare by social services. She would not allow district nurses or doctors to visit her although she was in need of care for her incontinence and mobility issues. When everyone had failed to help her, and even her son could not persuade her, our outreach workers visited her. Their primary purpose was to engage with her and they took the time to **communicate** with her, gradually, very gradually, they were able to engage with her and to explore why she was so reluctant to allow health carers to visit her.

It took almost three weeks for the outreach workers to help the client to understand and accept that she would need support at home. They began to understand that the client was suffering from dementia and was trying to cover this up by insisting she could manage.

Our workers **committed** the time to communicate with the woman and gaining her trust. They discovered that she was terrified of losing her independence and of going into residential care or hospital. As a result the healthcare professionals were then able to visit and help with the woman's incontinence. They found she was much more mobile than anyone had realised. The outreach workers introduced care workers from the independent sector to help the client accept long term support at home. They worked alongside the carers for another three weeks until they could see that the client was accepting the workers and trusting them to support her at home. Her life has been transformed.

Our workers had the **courage** to visit, to spend the time the client needed, not to dismiss her because she had refused services in the past. They have the **competence** to understand how to communicate with a person in this situation and are committed to spending the time that each person needs.

*Diane Chalmers,
Transformation Manager*

Action Areas: **1**

“The outreach workers introduced care workers from the independent sector to help the client accept long term support at home.”

Breathing Space clinic: a multidisciplinary approach to meeting patient needs

The Breathing Space clinic is for people with advanced Chronic Obstructive Pulmonary Disease, planning for the future. Matthew Hodson recognised that there wasn't a structure of palliative care for these people. He worked with St Joseph's Hospice to develop a multidisciplinary partnership between secondary care, primary care and the hospice to provide support and care for patients in the latter phase of their illness. Specialist nurses, physiotherapists and doctors work across boundaries to provide integrated care to patients, they coordinate other services such as counselling, complementary therapies, exercise or speech and language therapy as needed by the individual patient. Many patients see the clinic at the hospice as a place to help them live, rather than a place to go to die.

Matthew uses the analogy of a relay race – before the innovation of the integrated team, they had a handover of care, like a baton. Sometimes the baton was dropped and care was not as good as it could have been. Now they have a single integrated team, they no longer risk dropping the baton.

The initiative took **courage** and **commitment** to set up and to bring together teams who traditionally worked in isolation; **competency** in working with people at the end of life and **compassion** and **care** in making sure care is patient-centred.

Matthew stresses the importance of leadership and of supporting people to recognise their strengths to move forward. Every individual in the team is involved and committed. Each and every person in the team brings a different perspective and their courage showed in how they approached the new development and in making a commitment to their patients.

Matthew uses his leadership role in the dialogue with commissioners, making sure that as providers, they are providing a quality service, looking at outcomes, costings and plans for the future. He uses the 6Cs as a model to plan services, as a benchmark to reflect on how the service is developing, and to review progress.

*Matthew Hodson,
Nurse Consultant*

Action Areas: **1** **2**



Compassionate palliative care for Michael

Michael, a man in his 50s with learning difficulties lived at home with his mother, in her 80s, and his brother, who also had learning difficulties. When Michael developed stomach cancer, Lesley supported the whole family through his illness. Michael had a fear of medical interventions and of being separated from his mother and so palliative care, rather than an operation, was agreed with the family to be the best way forward. Lesley and her colleagues devised strategies to enable Michael to feel less anxious of spending time in care services by arranging for injections to be administered safely at home and for Michael to become familiar with the hospice. At the palliative care centre, for example, he was given the job of wheeling the trolley around the building which meant he gradually became familiar with the people and the hospice.

When his mother was admitted to hospital for an operation, Michael was cared for at the hospice, whilst his brother went into respite. Lesley arranged for staff to support the family on their return home. On another occasion when Michael cut his head, Lesley suggested to the para medic team that they treat Michael at home rather than admitting him to hospital, which would have caused him considerable distress. Through the support provided by Lesley, Michael received joined-up healthcare thereby reducing the anxieties he was experiencing.

When Michael became acutely unwell on a Sunday, Lesley supported the family during Michael's final hours at the hospice, helping his brother to understand that Michael had passed.

Lesley's **compassionate, courageous** and **competent care** for Michael, his mother and brother enabled them to continue to live independently and with the support of coordinated health care services.

*Lesley Taylor,
Learning Disability*

Action Areas: **1** **2**

Children's days in day therapy

We recognised a need to provide additional support for our younger patients with life-limiting conditions and who had young children. To address this, we organised a dedicated day therapy session for children and families. We held these during the school holidays and then on Saturdays so they could be quickly arranged when there was a need. This was a supported space where parents and their children could spend time together, enjoy activities together, children could overcome their fear of the hospice, and where clinical care and psychological support were available. We firmly believed that the sessions should be informal and responded to the needs of the patients and children. The father of a young girl whose mother was dying, was anxious about being able to do his daughter's hair properly. The session allowed him the time and space to express this worry and for him to learn to plait his daughter's hair.

The scheme demonstrated **courage**: we were not afraid to explore difficult scenarios and situations, and we used our expert **communication** skills to make sure that sensitive subjects were handled appropriately. Through this innovation we have enhanced the services provided for our younger patients and their families, whilst boosting staff morale as we see the difference we can make for our patients.

*Linda Gregory,
Community Services Manager*

Action Areas: **2**

“The outreach workers introduced care workers from the independent sector to help the client accept long term support at home.”

5 The response from organisations

The 6Cs belong to everyone working in the health and care services. They belong to all health and care staff from nurses, midwives, doctors, porters, care staff, physiotherapists and managers both clinical and non-clinical, to executive Boards and commissioning Boards.

For the vision of *Compassion in Practice* to become a reality every person involved in the delivery and management of the healthcare system should commit to ensuring that staff work in supportive organisational cultures. We have seen outstanding examples of the 6Cs being used to underpin and inform Trust-wide nursing and midwifery strategies, of leadership to ensure the right culture in an organisation, of Boards listening to patient stories to make services better, and of staff being supported through appraisal to give compassionate care.

The examples in this section provide an insight into the richness of the ways in which health and social care organisations are striving to incorporate the ethos of *Compassion in Practice* and the 6Cs into their systems and cultures.

6Cs in the nursing strategy

The 6Cs are integral to Oxleas' new nursing strategy 2013-2016. Staff were asked what the 6Cs meant to them and their quotes are incorporated into the strategy. Six ALWAYS events link with the values of the 6Cs and embody Oxleas' **commitment** to people in their care. These events will raise staff awareness of the importance of **Compassion** in Practice.

A one-day awareness session for all qualified staff looks at the culture of compassion and encourages staff to think about how they can give safe and compassionate **care**.

The next step will be to move to a value-based recruitment process for staff and to use the intranet site to showcase staff stories focusing on embedding the 6Cs.

*Stacy Washington,
Head of Nursing*

Action Areas: **5**

5

Every patient, every time, everyday

The 6Cs are fully embedded into the clinical strategy at Spire Gatwick Park Hospital. We have developed three key work bundles of activity and each work stream is linked back to the six Action Areas. Every member of staff, clinical and non-clinical, has signed up to a Care Givers' Charter which makes a commitment to each of the 6Cs with practical promises about how that will be evident in practice. Staff wear printed badges as a reminder of what they are aiming to achieve.

A 'strategy pioneer' in each department, clinical and non-clinical, ensures that the clinical strategy, and the 6Cs, are being translated into practice.

A rigorous review of the clinical incident profile led to a review of medication errors. Medicines management road shows are raising awareness of safe medicines management and mechanisms are being put place to reduce error rates. We have reviewed discharge processes, surveyed patients' experiences, and discharge is more patient-led and efficient.

Patient records have been improved, leading to improved patient care. The strategy has become part of the day job with staff engaged and supportive of what we're trying to achieve.

*Andrew Cook,
Head of Clinical Services*

Action Areas: **3** **5**

“These events will raise staff awareness of the importance of Compassion in Practice.”

“The way to guarantee our services are the best they could be is to ensure we have input from people who work in or use NHS services. It is important that our workforce is representative of the population it serves, and that the leadership represents the workforce. Throughout the NHS we are keen to recruit people with lived experience of using our services, or those who care for people who use them. It is through this route that we can be certain that we live our values and deliver true compassion in care.”

Paula Vasco-Knight [National Lead for Equality, NHS England]

Quality strategy informed by 6Cs

The 6Cs are a key feature of the East Kent Hospitals University Trust's quality strategy, informed by the 'We Care' Programme. We listened to over 1,500 staff and patients to find out what was most important to them. We then developed shared values, service standards and expectations of each other.

Our Shared Purpose Framework is based on our three values: Caring (patients and staff feel cared for as individuals), Safe (patients and staff feel reassured and involved) and Making a difference (staff feel confident that we are making a difference) and the 6Cs are mapped against these values. We are working towards ensuring that our values and behavioural standards shape everything we do.

The Trust strategy is to embed our shared purposes, values and the 6Cs with their linked competences into everyday working life for all staff, not only clinical nursing and midwifery staff. As part of this cultural change, matrons are supported to help them challenge and support others to live the values and to facilitate achievement of best practice as part of their professional relationships.

Feedback from staff shows that they feel more empowered to facilitate and implement change on the frontline and by using the values and shared purposes they can achieve a culture change that builds the team and their confidence.

There have been measurable improvements as a result of the emphasis on changing workplace culture. Greater openness and a culture of transparency have resulted in greater reporting of incidents leading to improvements in patient safety and quality. As a result we have seen a reduction of avoidable pressure ulcers, in severe harm reported and in falls. Nurse sensitive indicators form part of our ward dashboards and enable us to monitor, measure and review the impact of quality improvement.

Our clinical leadership programmes focus on work place culture and integrate the 6Cs as part of the shared purpose framework; it supports the delivery of person-centred care. 'Emotional touch-points' and 'Observation of care' training empowers staff to respond to complex patient concerns and to offer **compassion** in their **communications** with patients, visitors and one another.

*Julie Pearce,
Chief Nurse, Director of Quality and Operations*

Action Areas: **2** **3** **4** **5** **6**

The courage to change

Compassion in Practice and the 6Cs have been adopted as a foundation to the nursing and care givers' strategy which is embedded in training and development.

The 6Cs are incorporated into induction for all clinical staff, care staff, nurses, midwives and doctors as well as students. They are the basis for the 'Shared Purpose' healthcare givers forum hosted by the Director of Nursing. The 6Cs are an integral part of the student portfolio of practice and patient feedback forms are built around the 6Cs.

The hospital is working with Southampton University and the Patients' Association to capture patient stories, student nurse and doctor experiences which highlight the importance of **compassion**.

The Director of Nursing makes a compact with staff to champion high quality compassionate **care** and to be **courageous** in reporting concerns. The organisation will support them. Staff are urged not to walk by but to report any concerns using an electronic system: 'Safe in our hands', or to use the escalation policy.

The 6Cs are embedded in research and academic study through the research nurses who use the 6Cs as the basis of their work in bringing research into practice.

*Judy Gillow MBE,
Director of Nursing*

Action Areas: **2** **5**

“There have been measurable improvements as a result of the emphasis on changing work-place culture.”

“The 6Cs are an integral part of the student portfolio of practice...”



The Deteriorating Child Project: the courage to change

Triggered by the Great Ormond Street Hospital *Vision for Nursing* which fully adopts the ideals of *Compassion in Practice*, we identified that appropriate escalation of care for deteriorating children was not being followed.

We are now trialling a system that allows us to record observations on mobile devices. These are then sent to a central server. The system then sends a message to an appropriate medical team member, to alert them of deterioration. We now have a quicker, more effective **communication** between healthcare providers and clear messages of support that may be necessary.

It has taken **courage** from the nursing team to trial a system that their colleagues are not using. The initiative also allows effective communication between stakeholders.

The outcome is that families can now have a clear, concise picture of the patient's medical condition and any deterioration. They have reassurance that any deterioration will be dealt with speedily. We can now manage families' expectations honestly and **compassionately**.

Staff have the tools, courage and **competence** to report concerns about their patients, effectively and with confidence. The system has brought about a new and exciting working culture.

*Liz Morgan,
Chief Nurse and Families Champion*

Action Areas: **1 2 3 4 5 6**

Practice Development Nurse Vision Statement

P	Promoting Competency in practice skills and excellence in Communication
D	Developing nurses to deliver high quality individualised person centred and Compassionate Care .
N	Nurse are empowered and Committed to effectively manage, lead a team, have the Courage to Challenge and be accountable for their decision

A vision for practice nursing

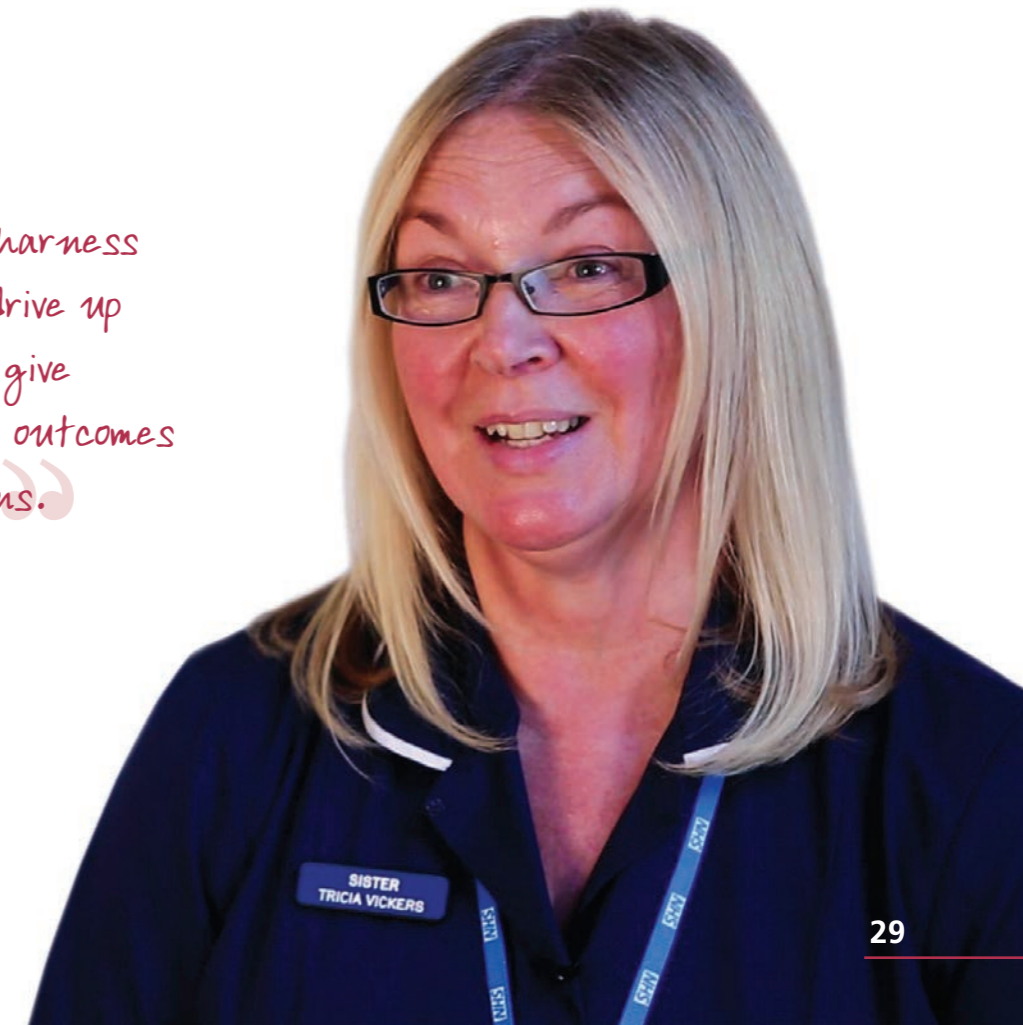
Practice nurses play a vital role in delivering care in the community. They tend to work in isolation or in small teams and can become distanced from the nursing agenda. Tricia is working with the Nurse Executive for the Clinical Commissioning Group and has set up a Practice Nurse Membership Council with nurse representatives from all 18 GP practices in South Cheshire. Having discussed the 6Cs and the Compassion in Practice strategy, they plan to address the six Action Areas for practice nursing.

Their aim is to harness best practice, drive up standards and give consistency in outcomes and expectations. It is also an opportunity to hear the patient voice and evaluate patient care from a nursing and patient perspective. It has given practice nursing a vision and a structure for each nurse to play a part in making decisions about incorporating the 6Cs in their practice.

*Tricia Vickers,
Practice Nurse and Quality Lead for South
Cheshire Clinical Commissioning Group*

Action Areas: **1 2 3 4 5 6**

“Their aim is to harness best practice, drive up standards and give consistency in outcomes and expectations.”





6Cs embraced by nurses in care sector

Unusually, Hampshire County Council employs practice nurses in its nursing homes. They have developed a productive working partnership with Southern Health NHS Foundation Trust and have adapted the Clinical Competency Framework, originally developed by the Trust, to be relevant to the nurses employed by the Council. Using the Framework the Council's practice development nurses identified that while nurses had good medical knowledge, they welcomed support with further improving their effective verbal and written communication skills.

The practice development nurses worked with staff to improve these skills with the result that they are now able to give more individualised care, have more confidence and families feel more involved. The practice development nurses have also developed a vision statement incorporating the 6Cs and added a 7th, Challenge, which has been circulated to all nurses working in the Council's care homes. In this way the Council has demonstrated **compassion** and **care** through the support given to their nursing staff.

*Liz Clarke,
Workforce Development Officer*

Action Areas: **1** **3** **5**

Developing a compassionate care framework

The Whittington Hospital NHS Trust includes both acute and community services, covering a disparate range of communities in north London. Through conversations with patients and staff we have developed a deeper understanding of what compassion means, what it looks like in practice and how to use it to develop the 'compassionate' mind of the practitioner. Whittington senior nurses, Senga Steel and Michael Clift have developed a model of compassion from nurses' views which explains the concept of compassion, the behaviours that best express compassion and the skills needed to nurture compassionate behaviour.

The Trust plans to engage staff in imaginative activities using drama, films, and theatre to creatively develop the skills of compassionate care, as well as developing their self-awareness and emotional resilience by using evidence-based mindfulness and therapeutic strategies. This work is leading to a changing culture in the Trust and is a key element in the organisational development strategy which is being led by the organisational development team.

Compassion across social care and community nursing

Tina Jegede has a joint appointment between Islington Social Services and the Whittington Hospital NHS Trust. This unique role enables her to work with private nursing homes in the borough and to build a model of **care** and **compassion** with staff in the community. Through in depth work with nursing and care staff in nursing homes, Tina is able to develop their skills to reflect the ethos of the 6Cs.

As a result, a joined up pathway between acute care, community care and care homes means that patients, particularly the frail elderly, spend as little time in hospital as necessary. They are supported with care in the community both in nursing homes and in their own homes.

*Bronagh Scott,
Director of Nursing and Patient Experience*

Action Areas: **1** **4**

“Through conversations with patients and staff we have developed a deeper understanding of what compassion means...”



Implementing a 6Cs values framework

The Norfolk and Norwich University Hospital Trust has a truly patient-centered vision: 'To provide every patient with the care we want for those we love the most'. Through a programme of engagement we asked for feedback on the values staff felt were appropriate to support this vision. A series of workshops, interviews and events gave everyone the opportunity to contribute. These activities received a huge amount of positive feedback.

The values generated by staff were compared with the 6Cs to inform further discussion and will be shared with all staff. These values will be used in staff recruitment, appraisal and training and as an integral part of how our hospitals deliver services and care for patients.

Daily 'spot' visits are made to the wards by at least two people: a senior matron from the Trust and someone from outside such as Age UK, Alzheimer's Society or a previous complainant. As part of the audit, they talk to patients, asking questions about their perceptions of care.

The Trust has a particular interest in making sure their staff are involved in developing the culture of the organisation. Every ward has an action plan and staff are asked to identify two actions that would make the ward a better place to work. Many of the actions relate to improving **communication**, championing mutual support and **compassion**, and to the challenge of enabling staff to remain compassionate and resilient given the nature of much of their work.

*Emma McKay,
Director of Nursing*

Action Areas: **5**

The 6Cs are for everyone

At South Essex Partnership they have produced a laminated tag that is attached to all staff lanyards with the 6Cs printed on it. As Teresa Kearney, Director of Primary Care says 'It's easy to refer to and it's always with us. It's what we expect of all our staff no matter who they are.' The Trust recognises that attitude is extremely important and that the culture of the 6Cs must permeate every part of the organisation. They have been delighted that everyone, support workers, doctors, managers, as well clinical staff have all felt included in this culture change.

The Trust has also developed a 'recruiting for values' policy. The first part of the online application process consists of a questionnaire that

“The Trust has a particular interest in making sure their staff are involved in developing the culture of the organisation.”

explores candidates' values. If candidates do not score sufficiently highly they are sent a polite letter telling them they have been unsuccessful. The 6Cs are used as a key question in recruitment interviews: candidates are asked what do the 6Cs mean to you.

The 6Cs thread through all the Trust's work, it is seen as an iterative process and staff are constantly reminded that not only is their clinical competence important but so is their **compassion**, **communication** and **courage**.

*Teresa Kearney MBE,
Director of Primary Care*

Action Areas: **4**

Embedding the 6Cs in the culture of midwifery

The maternity services, led by the supervisor of midwives, at the Royal Wolverhampton have embraced the 6Cs as a key driver for change. Faced with the need to change staff culture in areas with complex patient complaints, we translated the 6Cs in a meaningful way by mapping them to the themes arising from patient complaints and incident reports. This process triangulated the 6Cs with other sources of evidence and enabled us to develop a robust framework which then became a tool for organising care and professional reflection.

We have produced a poster for display in all areas demonstrating how each of the 6Cs is evidenced in maternity care and supporting systems. At our mandatory supervisor-led study days we discuss the 6Cs and have incorporated real examples of positive and negative patient stories, as told by patients. These have a major impact on the audience and lead to debate and an opportunity for reflection around the 6Cs and how they are evidenced in care.

Our work surrounding the 6Cs is on going and we are mapping good practice to the 6Cs. However we recognise the need to show the impact of this work and are working to determine whether complaints relating to poor conduct, attitude and behaviour reduce over the coming months. The 6Cs have become our common language and are part of our culture of care.

*Debra Hickman,
Head of Midwifery and Supervisor of Midwives*

Action Areas: **4**

“Our work surrounding the 6Cs is on going and we are mapping good practice to the 6Cs.”

Reboot Medway

Reboot Medway started with a simple idea of wanting to get the right patient, in the right bed at the right time. Over the past eight months we have still been struggling to restore our emergency department performance. We have also continued to have bed occupancy rates above 100 per cent. Two key measures of success were an improvement in bed occupancy and improved emergency department performance of the four hour quality standard.

Prompted by a conversation with the Emergency Care Intensive Support Team, we organised a ‘spring to green’ week, an idea that had used successfully elsewhere. As a result of the week, community, social care and the Clinical Commissioning Group acted differently. One good example of this being funding panels – this process was expedited rather than patients having to wait for the weekly funding panel to meet. There were numerous improvements including our bed state going black to green in six days, during the week we achieved the four hour quality standard with 97 per cent of patients seen within four hours, all our patients were in the right bed and ward speciality, we were able to open our frail elderly unit (something we had been struggling to do all summer), and our brilliant pharmacy team totally changed the way they worked, To Take Out (TTO) dispensing went from four hours down to two. Most of all Reboot Medway gave the organisation confidence that it could build a better destiny for both patients and staff.

Steve Hams,
Chief Nurse

Action Areas: **3**

“...with 97 per cent of patients seen within four hours.”

6 Delivering on our Action Areas

The six Action Areas form the core of our implementation plan and enable everyone to be compassionate and caring.

They are the focus of our effort to make an impact on the care of our patients and the people we support.

Many of the actions across all areas have an implication in social care as well as healthcare and in integrating services for people across the system. This is an important feature of our strategy and it will take commitment and courage on all our parts to fulfil the aspiration to meet the needs of providing integrated services. We are committed to delivering on each of these Action Areas which also support our collective responses to the Francis Report.

“The values and behaviours of the 6Cs are fundamental to us all as nurses, midwives and care staff and run deeply through our professions. To support each nurse, midwife and member of care staff to live the 6Cs, the implementation plans of the six Action Areas must be delivered as a package. This will help bring about the required change in culture, which will ensure excellent compassionate care for patients and the people we care for. This year has been an amazing journey and privilege. Patients have told me how the care from staff has made a difference to their lives, and I have seen many examples of the 6Cs in action when visiting Trusts up and down the country. I have met many wonderful, committed staff, and am proud to be both a nurse and midwife.”

Juliet Beal [Director of Nursing for Quality Improvement and Care, NHS England]

Each Action Area is led by a senior responsible officer (SRO) who is accountable for achieving key individual, local and national objectives. National bodies and regulators such as the Department of Health, Public Health England, Health Education England, the Care Quality Commission, the Nursing and Midwifery Council, the National Trust Development Agency, NHS Employers and Monitor also lead on a range of initiatives which support our Action Areas. We urge all those involved in delivering health and social care to take time to read each Implementation Plan and discuss these with your boards, governing bodies, teams and in your work with patients and people using your services. With the aim to understand and identify how you can contribute towards the delivery of *Compassion in Practice* and the 6Cs.

Full details of the Action Areas can be found at www.england.nhs.uk/nursingvision/actions/

Juliet Beal is responsible for ensuring the delivery of *Compassion in Practice*.



1

Action Area 1:

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

#hello my name is... **David Foster**

Action Area 1 sets out the relationship between personalised care and population health. The 6Cs are applied to supporting people to achieve their best possible health outcomes across all sectors and with a particular focus on public health and in social care settings. This Action Area ensures individual needs are identified, that appropriate support is in place and that every contact counts wherever health and social care and support are delivered.

This Action Area is concerned with promoting wellbeing across the wide and complex areas of social care, public health, support services, and nursing and midwifery care. It is concerned with health promotion, health protection, healthcare, public health and with supporting 'making every contact count', with public health engagement for health and care staff, and developing school nursing and health visiting. We have set out a clear national action plan and have made significant progress on all our goals. The following are some highlights.

Progress

- Published a common purpose framework for the integration of care and local services
- Successful public health conference held in June 2013 to bring together a wide range of practitioners to explore perspectives and agree ways forward to make every contact count and develop a model for public health nursing and midwifery
- Developed and promoted a health equality framework to help commissioners, providers, people with learning disabilities and family carers determine the impact and effectiveness of services for people with learning disabilities
- Developing work to support compassionate care in addressing the dementia challenge including elearning resources www.e-lfh.org.uk/projects/dementia
- Held a number of participative webinars
- Developed guidelines for nurses and midwives concerning public health practice using NICE guidance

David Foster



- Implementing the Leadership Qualities Framework for Adult Social Care and Everyday Excellence
- Developed a vision of the 6Cs for district nursing, general practice nursing and school nursing
- Organising regional events to focus on the health of school age children, identifying young people's champions, and developing a pathway for young carers

Improving residential care for people with dementia

The challenge:

Belong villages offer a 'home for life' to their residents, many of whom have dementia. The challenge for Belong nurses is to support residents wherever they live in the village and potentially in all households.

The response:

We were **courageous** in our approach: we created a 'village nurse' and developed their responsibilities to be more like a community nurse instead of a traditional care home nurse. We were courageous because this moved away from what CQC had been used to and involved nurses working in an autonomous way. We invested heavily in training our support worker team to help them feel confident and **competent** to provide **care** on behalf of nurses and under their direction.

The outcomes have been positive for both residents and staff. Staff feel confident to support people to the end of life. They have more understanding of pain control, skin care and nutrition and, under the support of nurses, administer medication at a time that suits residents. Nurses have much more autonomy to work as professional practitioners offering expertise and assessment to residents. By releasing nurses from the shackles of the medicine trolley, we have freed up time for compassionate care for all.

Tracy Paine,
Operations Director

Action Areas: **1**

"Nurses have much more autonomy to work as professional practitioners offering expertise and assessment to residents."

2

Action Area 2:

Working with people to provide a positive experience of care

#hello my name is... **Liz Redfern**

The quality of the experience of care is as important as the effectiveness of treatment. This Action Area is concerned with ensuring that service users are treated with dignity, empathy and respect. This requires us to listen to feedback and take action to improve the situation, and to design services to enable people to be involved in their care.

In our first year, this area has focused on delivering the national policy objectives for patient experience especially the roll out of the Friends and Family test to all acute in patients and users of maternity services. The Action Area will continue to be aligned to the NHS England Improving Patient Experience Strategy to ensure nurses and midwives are at the forefront of delivering an improved patient experience which means they feel in control and treated as individuals.

This Action Area is supporting a project looking specifically at the frail elderly and how we can care compassionately for some of our most vulnerable members of the population.

Progress

- The Friends and Family Test is being delivered throughout the country. The results are being fed back in real time to staff so they can act on the results to improve patient care
- Working for the 6Cs to be adopted and integrated into the culture of all health professionals and care workers regardless of speciality
- Ensure the 6Cs are integrated in the new National Contract and commissioning framework
- There is a week of action with webinars to share practice and stimulate thought the week beginning 20 January 2014

Liz Redfern



Making the 6Cs a reality in the culture of the organisation

The challenge:

Making the 6Cs a reality in the culture of the organisation.

Matrons throughout the Royal Marsden Hospital act as powerful role models to implement and raise awareness of the 6Cs. We discuss **care** and **compassion** during regular ward rounds, we check documentation to make sure staff are competent in their implementation of hospital policies and ensure evidence-based care is provided. We ask about **communication** and how information is delivered to both staff and patients.

We invest in our staff both as individuals and as professionals and demonstrate **commitment** to time and funding for education. We encourage nurses to be **courageous** to challenge and discuss issues whatever their role.

Patients and carers are actively involved in forums to obtain feedback which informs the delivery of care. Patients are included in bedside handovers and have commented how much they appreciate being included and engaged.

In the community, senior nurses have 'Super Wednesday' where they work with junior community nurses. The 6Cs are a key component of this day and form the basis for discussion and reflection. Healthcare assistants have a development programme where the 6Cs are discussed and debated.

The benefits of these initiatives are seen in the goodwill and inspiration when patients, relatives and carers respond positively to the care, **compassion** and communication they receive from **competent**, **courageous** nurses who are committed to providing excellent care.

Mo Carruthers,
Matron

Action Areas: **2** **3** **4** **5** **6**

"We invest in our staff both as individuals and as professionals and demonstrate commitment to time and funding for education."

3 Action Area 3: Delivering high quality care and measuring impact

#hello my name is... Gill Harris

This area focuses on how we measure compassionate care and ensures we understand which data is a good indicator of the quality of care delivered. We do this by working with patients, staff and independent bodies to determine a set of clear measures for all care and support settings.

We want to deliver care that is evidence based. To do this we need to measure the right thing and measure outcomes to drive improvement. In doing this we are attempting to use information intelligently, focusing on the experience of the person using the service, the outcomes of care, staff experience and all this should be transparently published.

This Action Area is concerned with the ability to measure what we do and the commitment and courage to publish data so that commissioners, staff, patients and the public are able to see what is being measured and what is being done to improve care openly and honestly. In developing the format we are largely using metrics and measures which are already available to ensure frontline staff do not have an increased collection burden.

Improving care and experience is at the heart of the Transparency in Care programme. We believe by being open and honest about patient outcomes and their experience as well as that of staff, we can start to improve and implement reliable care.

We want to use information intelligently in order to tell the stories of impact of harm on patients, public and staff and how we are using that experience to learn and drive improvements to deliver great care and experience. Importantly this will be shared in an open and honest way with public, patients and staff at all levels, including Boards.

Gill Harris



We want to deliver care that is evidence based.

Progress

- Identified measures of the 6Cs that are meaningful and can be measured using existing metrics
- Working alongside Safety Thermometer planning to identify what this means for the 6Cs
- Working with junior doctors to spread metrics work
- Development of an open and honest compact for participating organisations: position paper to be launched
- Mental health and community Trusts working to implement the 6Cs
- 32 Boards of acute Trusts in the North have demonstrated their commitment to work as a pilot group to review their Friends and Family Test results, safety thermometer results. 20 Trusts will begin publication of their data in November with more committed to publish in December
- Initiatives contribute to shared learning which is disseminated

Patient and family experience vision aligned to 6Cs

The Trust has a strong vision for delivering patient and family-centred care which is embedded across all disciplines and areas of the organisation. The recently developed care action plan for delivering the 6Cs strategy has been closely aligned to the Patient and Family Experience Vision.

In consultation with patients, families, staff and the local Healthwatch there have been a range of initiatives that contribute to improvements in patient care and ensure that the six Action Areas are addressed.

These include the healthcare assistant development programme which focuses on making every contact count; a dashboard for Excellent, Safe and Compassionate Care so wards can monitor progress and reward successes; values and behaviours embedded in the recruitment and retention programme; evidence-based staffing levels linked to quality of care and patient and family experience; and questions have been added to the Friends and Family Test (FFT) to give real time feedback direct to wards and achieve transparency of the FFT to all wards through the FFT dashboard.

Susan Pemberton,
Director of Nursing

Action Areas: 3

The Trust has a strong vision for delivering patient and family-centred care which is embedded across all disciplines and areas of the organisation.

4 Action Area 4: Building and strengthening leadership

#hello my name is... **Caroline Alexander**

We must equip and support our leaders in all care environments and at all levels of organisations to really embed *Compassion in Practice*. There is a clear relationship between strong leadership, a caring and compassionate culture and high quality care. We all have a role to play in providing strong compassionate leadership within and across teams, across organisational boundaries and to our leaders and Boards across health and social care environments. The 6Cs are values for leadership and this Action Area is concerned with the support and empowerment of professionals to lead change locally and motivate their teams to improve the experience and outcomes of the people using their services.

We must also ensure that leaders are representative of the communities they service and we work proactively to achieve this.

Along with developing leaders and leadership we must really understand the contribution organisational culture plays. Boards must listen to what staff are telling them about their organisation's culture and the impact, both positive and negative, it is having on their ability to provide compassionate care. Boards and leaders must then demonstrate that they are taking action if issues emerge and act as role models at all times.

Progress

- Phase one of the pilot to develop the Cultural Barometer has been completed and phase two has started which includes piloting the tool in a range of other settings
- A Leadership Think Tank was held in early November to agree further priority areas for action in 2014/16
- Collaborated on implementation of the Leadership Qualities Framework for Adult Social Care and Everyday Excellence

Caroline
Alexander



"I truly believe that if we lead with compassion and care they will care for patients with compassion and be good care givers."

- Worked in partnership with the NHS Leadership Academy to deliver programmes as part of the commitment to help 10,000 nurses and midwives develop their leadership skills. To emphasise the need to ensure participation from black and minority ethnic backgrounds
- Recruited nurse and midwives to core, bespoke leadership programmes for those in frontline leadership positions and aspiring nurse directors

Leading with courage, compassion and care

Jacqueline came into post with a clear goal: 'I wanted to lead with courage, so that I could tackle key issues appropriately, I wanted to ensure that my leadership was integral to the compassion and care that staff deserve because I truly believe that if we lead with compassion and care they will care for patients with compassion and be good care givers.'

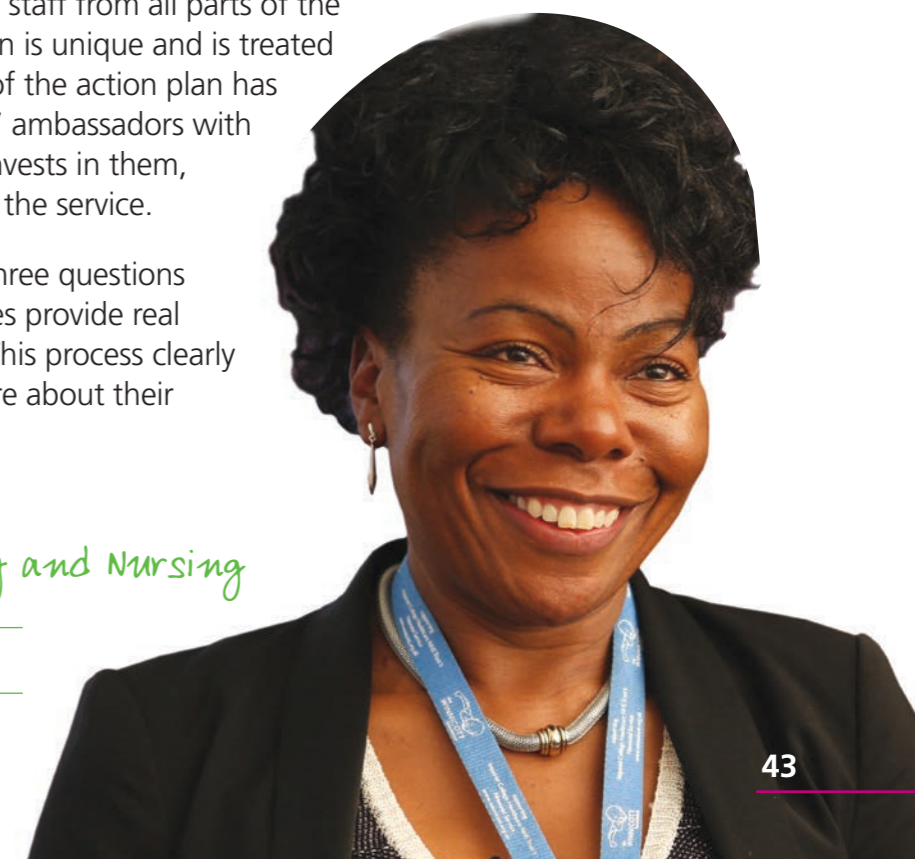
She based her action plan for the maternity unit on the feedback from all staff: midwives, doctors, support staff, maternity care assistants and from service users and midwifery students. The 6Cs are fundamental to the action plan. As Jacqueline said: 'My mantra was that I was going to lead with **care, compassion, commitment, courage,** and good **communication** as an integral part of my leadership and management style.'

Maternity services work best when all members of the team are valued and they run a series of open forums with staff from all parts of the organisation where everyone's contribution is unique and is treated with equal importance. The introduction of the action plan has also led to the re-energising of the 'I Care' ambassadors with a commitment from Jacqueline that she invests in them, in the belief that they will in turn invest in the service.

The 'I Care' ambassadors commit to ask three questions of three patients each week. The responses provide real time feedback to the midwife in charge. This process clearly demonstrates to patients that the staff care about their perceptions of their care.

*Jacqueline Dunkley-Bent,
Divisional Director of Midwifery and Nursing*

Action Areas: **4**



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

#hello my name is... Ruth May and Lisa Bayliss-Pratt

To deliver the vision we need the right number of staff with the right skills and behaviour and working in the right place to meet the needs of the people they care for. Staff need to be supported by organisations that promote a compassionate and caring culture and values and which dedicate time to valuing these.

This Action Area is concerned with the local determination of a suitable staff mix of competency, experience and education. Evidence can provide tools to determine the most appropriate staffing levels for a particular setting that reflects and delivers quality of care. It is concerned with embedding the 6Cs in all nursing and midwifery university education and training and into recruitment and appraisal systems for staff and students.

This area of work ensures we build highly effective teams to enable the delivery of safe, high quality care and support at all times. We are working closely with our partners and stakeholders to progress this Action Area.

Health Education England (HEE) is committed to the Compassion in Practice programme through its support for Action Area 5. Values based recruitment, the development of careers for healthcare support workers, widening participation to professional education and training, and the development of post-registration training in care of older people, are HEE priority projects which feed into Compassion in Practice.

Simon Young [Education and Training Policy Manager, Health Education England]

Progress

- Prepared a guide to safe nursing, midwifery and care staffing capacity and capability based on current evidence based tools to ensure the right people with the right skills are in the right place at the right time
- Research being conducted to develop the evidence base on appropriate staffing levels
- Working with NICE to establish adequate and appropriate staffing levels for all care settings



Ruth May



Lisa Bayliss-Pratt

- Commissioned an overview of nursing and midwifery shift patterns with particular focus on the impact of 12 hour shifts on patients and staff
- Steering group established to work closely with NHS Employers, Health Education England and Directors of Education and Quality to embed the 6Cs in university education and training

6Cs at the heart of the curriculum

Many universities are integrating the 6Cs into the curriculum, and at Edge Hill University the 6Cs, and particularly **care** and **compassion**, are placed at the heart of the student experience. This begins before students enter the programme and continues into employment. Service users are a key part of the recruitment process, and the values of care, compassion and the humanistic dimensions of care are emphasised at summer schools, taster days and career talks.

Throughout academic and practice based work, the values of care and **compassion** are stressed. Recognising the need for personal resilience to survive the reality check of working in practice, mentors guide students and act as role models for compassionate care in the clinical setting.

In their 3rd year students initiate a project to enhance the patient experience. Effectively they become 'ambassadors for care' and talk with patients about their perceptions of care. The resulting service improvement projects encourage students to have the **courage** to challenge the existing culture and to become change agents.

The commitment to care, the courage to act

A group of inspirational students organised a conference which highlighted the importance of the commitment to care and showed that students are the future of care and want to make a difference. Open to all health and care students across Cheshire, Merseyside and Lancashire, the event motivated and promoted passion within the professions. Jane Cummings, Chief Nursing Officer England spoke at the event and inspired students to bring compassion, courage and **commitment** to their practice.

Angela Christiansen,
Head of Adult Nursing

Action Areas: **5**

“Throughout academic and practice based work, the values of care and compassion are stressed.”

6 Action Area 6: Supporting positive staff experience

#hello my name is... Dean Royles

Our shared vision 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.

This means enabling staff involvement in decision making; promoting healthy and safe work environments; creating worthwhile and rewarding jobs; supporting each other; being accountable and being prepared to embrace innovative working and new technology.

The activity within this Action Area includes establishing a scheme to recognise excellence in the implementation of the 6Cs, establishing a development and progression scheme for health care support workers, collecting evidence based good practice about clinical placements, preceptorships and supervision, and improving the public and professional perception of nursing.

Progress

- Network of Care Makers established and growing with support and communication networks in place
- Planning underway to deliver national award scheme to recognise excellence in compassion in practice



'Another fab @6CsLive webinar today about nurses in the CCG. Great debate about PNs also, good work folks!'

Fiona Fretter @fifretter_nhs



'Just pledged my support. Calling all HRCH staff to do the same. Remember compassion in practice event coming up – open to all.'

Siobhan Gregory @SiobhanGregory1

Dean Royles



- Scoping work to improve the public and professional perception of nursing based on the 'image of nursing' work
- Podcast delivered with Helene Donnelly, whistleblower, Stafford Hospital, about her role as a nurse and ambassador for cultural change, highlighting the importance of everybody being able to raise concerns

I can't think of a more important time to have a national strategy for nursing. I also can't think of a more important word to start that strategy than the word compassion. At a time when nursing has been in the media for all the wrong reasons it is absolutely right that there is clarity about the centrality of compassion in nursing practice and in the NHS. Those involved in developing strategies know the importance of engaging stakeholders but the simple message of Compassion in Practice at this time mean the strategy has been widely welcomed as a comprehensive framework for change.

Dean Royles [Chief Executive, NHS Employers]

Compassionate care for people with complex needs

The aim for staff at Heritage Care is to support individuals with complex needs in mental health and learning disability to move from institutional settings into their own accommodation. Person-centred planning requires understanding the individual, what has happened to them and their interests. To achieve this, compassionate care through active listening is essential and staff are recruited who have the appropriate values. Clients are part of the interview process for both staff and trustees and the way candidates interact with clients provides a vital insight into communication skills and compassion.

Decision making is pushed down the organisation and so staff have immediate responsibility for clients being empowered to decide the best course of action for them. As a result staff are empowered to have the **courage** to say when things aren't right and the **commitment** to ensure the client's support package is right. This level of commitment and **compassion** can result in dramatic changes to clients' lives with even those with long standing, complex needs gaining the confidence to live independently and make decisions about their own lives.

Kim Foo,
Chief Executive

Action Areas: **1** **6**

I also can't think of a more important word to start that strategy than the word compassion.

7 Our commitment to the next phase of implementation

Our goal for the second year of implementation is to demonstrate how we are improving patient care: how we are delivering the 6Cs in practice across health and social care. We will build on the strong foundations of the first year to embed and evidence compassion in all our practice.

The strategy is for everyone working in health and social care and we will work with our partners and stakeholders to ensure that the *Compassion in Practice* is embedded fully across the health and care services.

It will mean a commitment from the whole system. Caring and care are not unique to nursing and midwifery and the system needs to support the core values and behaviours that are captured in the 6Cs and in the work of the six Action Areas.

The Berwick Report emphasised the need for a robust, nationwide system for patient safety rooted in a culture of transparency, openness and continual learning with patients firmly at its heart. We have stated our commitment to measuring the impact of the strategy and the 6Cs. The NHS Safety Thermometer will be expanded to be more specific to mental health care, medicines safety and maternity so we can better understand where improvements are needed and make progress on delivering these.

The Friends and Family Test is already being used to provide real time feedback to staff so they can improve care. We have expanded its use into maternity care and will extend into mental health and other settings in 2014.

We will accelerate the pace of learning within organisations and will correlate information from metrics such as the Safety Thermometer and Friends and Family Test with data about staffing levels and staff satisfaction measures to obtain an overall picture of how we are performing and to identify how we can continue to improve further. Our aim is to reduce the variation in standards so that people can have confidence in their care, whenever and wherever it is delivered.

7

We have stated our commitment to measuring the impact of the strategy and the 6Cs.

We will work with our partners and key stakeholders to reinforce the importance of cultural competence in patient centred-care and in all aspects of our communication between staff and with patients. We will strengthen the dynamic of co-produced changes in the culture of compassionate care by ensuring that patients and those we care for are equal partners in creating the changes we are all working to achieve.

We will work to embed *Compassion in Practice* and the 6Cs in commissioning intentions so they are a core set of values for commissioning health services. They are values that apply to all health and care staff, managers and support staff and can be used widely as a tool for commissioners to ensure that the services they are commissioning are based on the values that patients, staff and public expect.

This report shows the progress we have made in our ambitions for a professional social movement and system alignment for excellence in care. Care that achieves high quality outcomes for individual people and contributes to good outcomes and experiences in our entire society. It shows how our six Action Areas are beginning to have impact and looks to what we need to do next. During this past year I have been privileged to meet with nurses, midwives and care and support staff working with people of all ages, in all settings and in all sectors. As lead public health nurse I am so pleased to see the enthusiasm of nurses, midwives and care staff to use their knowledge and skills to work with people and communities to protect and improve health.

We need to ensure that our next steps are aligned to future, as well as present, health and care services. We know health and care services need to change to meet the changing needs of our society and to reduce health inequalities. We must demonstrate the impact that our services have at individual, community and whole population levels and the potential for transformed services. Services may be delivered in different places or through technology in new ways – new services which will always have quality and health and wellbeing at their heart.

Viv Bennett [Director of Nursing, Department of Health and Public Health England]

We need to ensure that our next steps are aligned to future, as well as present, health and care services.

Viv Bennett



Factfile

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