

To:	Trust Board										
From:	Suzanne Hinchliffe, Deputy Chief Executive/Chief Nurse										
Date:	20 December 2012										
CQC regulation:	All applicable										
Title:	Compassion in Practice – Nursing, Midwifery and Care Staff – Our Vision and Strategy										
Author/Responsible Director:	Suzanne Hinchliffe, Deputy Chief Executive/Chief Nurse										
Purpose of the Report:	To provide Trust Board members with an overview of the national Nursing Strategy and key areas of actions.										
The Report is provided to the Board for:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Decision</td> <td style="width: 10%;"></td> <td style="width: 25%;">Discussion</td> <td style="width: 10%; text-align: center;">x</td> </tr> <tr> <td>Assurance</td> <td style="text-align: center;">x</td> <td>Endorsement</td> <td></td> </tr> </table>			Decision		Discussion	x	Assurance	x	Endorsement	
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Summary / Key Points:	<ul style="list-style-type: none"> • The Nursing, Midwifery and Care Staff (National) Strategy is built upon the ‘6Cs’: <ul style="list-style-type: none"> - Care - Compassion - Competence - Communication - Courage - Commitment • Six areas of action are identified to support the delivery of the vision. These include: <ul style="list-style-type: none"> - Helping people to stay independent, maximise well-being and improving health outcomes. - Working with people to provide a positive experience of care. - Delivering high quality care and measuring the impact. - Building and strengthening leadership. - Ensuring we have the right staff, with the right skills, in the right place. - Supporting positive staff experience • Appendix 1 provides an overview of national and local action to be addressed over the next 12 weeks, following which an update report will be provided through the Trust Governance arrangements. 										
Recommendations:	Trust Board members are asked to receive and note the report.										
Strategic Risk Register	Link to Patient Experience and Quality.	Performance KPIs year to date	NET Promoter. Staffing levels. Workforce review outcomes.								
Resource Implications (eg Financial, HR)	Link to Quality Strategy delivery.										
Assurance Implications											
Patient and Public Involvement (PPI) Implications	Link to Quality commitment. Impact on CQC compliance. Link to Patient Experience Strategy.										
Equality Impact	: Not Applicable										
Information exempt from Disclosure:	Not Applicable										
Requirement for further review?	Future report in Spring 2013.										

University Hospitals of Leicester NHS Trust

Report From: Suzanne Hinchliffe, Deputy Chief Executive/Chief Nurse
Report To: Trust Board
Date: 20 December 2012
Subject: Compassion in Practice - Nursing, Midwifery and Care Staff - Our Vision and Strategy - Department of Health – December 2012

1.0 Introduction

The following report provides a direct extract from the National Nursing Strategy launched in December 2012.

The context for health care and support is changing. Most significantly, with people living longer, we have a greater number of older patients and people to support, many with multiple and complex needs, and with higher expectations of what health, care and support can and should deliver. Delivering health and care support and services involves us working with people in a new partnership, offering and engaging with people in making choices about their health and care, and supporting 'no decision about me without me'.

In response and in parallel, the roles of nurses, midwives and care staff have significantly changed. We have learned new skills and our responsibilities have increased accordingly, some of this driven by our desire to develop our roles and better training of staff, and some by greater access to and use of technology. Nurses, midwives and care staff work in multidisciplinary teams, where individuals have specific tasks and responsibilities, but increasingly they work together as a team to support and care for patients and people in a variety of settings from hospitals, to care homes and in their own homes.

We must strive for the best care for all patients and people we support, and we must ensure that we are delivering quality of care as well as quality of treatment.

This strategy sets out our shared purpose as nurses, midwives and care staff to deliver high quality, compassionate care, and to achieve excellent health and wellbeing outcomes. It builds on the enduring values we have set out and for the pledges and rights of the NHS Constitution, which patients, the public and staff should and will expect. Every patient and person we support can and should expect high quality; we want that too and will deliver it.

2.0 Vision

Following a period of national consultation, it has become clear that six fundamental values - care, compassion, competence, communication, courage and commitment (the '6Cs') resonate strongly with both staff and people who use our services, across the whole range of health and care settings. These are the values that motivate us to want to work in health and care in the first place. Importantly, staying connected to these values is what gives us the strength to keep doing this challenging work every day.

Many staff shared the sense of privilege in being a nurse or midwife. With that privilege comes professional responsibility, and all nurses and midwives by demonstrating the '6Cs' in practice can renew their professionalism and public confidence in our professions.

The '6Cs' however are not just the business of nurses, midwives and care staff. They are the business of all health and care staff: from doctors, to porters, to physiotherapists, to care workers and managers.

For staff to make this vision a reality they need to be in supportive organisational cultures. All the people working in health and care are contributing to the same aims, to provide high quality, compassionate care and treatment, and to achieve the best possible health and wellbeing outcomes for each of the people we care for. The evidence on what enables us to do that is overwhelming. To ensure that patients receive good care, we all need to care about our colleagues. If we feel supported and cared about, we are enabled to support and care about our patients.

Leadership is key. Leaders and managers need to create supportive, caring cultures, within teams, within organisations and in the system as a whole, in the way that organisations relate to each other. Leaders at every level have a responsibility to shape and lead a caring culture.

The full implementation plans for the vision and strategy will be available by 31 March 2013. This strategy will run over three years, and the plan for implementation of these areas action will be over this timeframe.

3.0 The '6Cs'

The values and behaviours covered by the '6Cs' are not, in themselves, a new concept. However, putting them together in this way to define a vision is an opportunity to reinforce the enduring values and beliefs that underpin care wherever it takes place. It gives us an easily understood and consistent way to explain our values as professionals and care staff and to hold ourselves to account for the care and services that we provide.

Each of these values and behaviours carry equal weight. Not one of the '6Cs' is more important than the other five. The '6Cs' naturally focus on putting the person being cared for at the heart of the care they are given.

'6Cs':

Care

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

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

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

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

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

A 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.

4.0 Delivering the Vision

As well as the clear focus on developing and communicating the 6Cs, consultation proposed six areas of action where we can concentrate our effort and create impact for our patients and the people we support. The action areas are:

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

4.1 Action area one: Helping people to stay independent, maximise well-being and improving health outcomes

'Care is our business' means action at individual, family and population level. It means prevention, early intervention and health promotion as well as treatment of ill health. This means maximising the contribution of nurses midwives and carers to improving the public's health and to ensuring that people get both a positive experience and the best possible outcomes from care. It also means working across health and care boundaries to provide support and services which enable people to remain active, connected and independent in their own homes, or another place of their choice, for as long as they are able, and it means joining up health and care services to provide the integrated care that people want.

Examples of what local organisations can do include:

- Promoting every 'contact counts' to improve health and wellbeing as part of the role of all clinical and care staff.
- Developing an approach for specific services' contribution to long term health and wellbeing.
- Considering how to maximise organisational support to staff to maximise their own health and wellbeing.

- Encouraging nurses and midwives to be part of work between local partners and with the Health and Wellbeing Board to improve local health outcomes.
- Supporting nurses, midwives and care staff to maximise their contribution to the 'Dementia Challenge'.
- Enabling midwives to deliver innovative, evidence-based, cost-effective, quality care across all sectors.
- Supporting midwives to embrace a greater public health role.
- Ensuring practice is supported by appropriate technology to optimise information sharing and decision-making with people in their care.

4.2 Action area two: Working with people to provide a positive experience of care

Quality of care is as important as the quality of treatment. When a person reflects on their contact with a nurse, midwife or member of care staff, they think about other issues as well - the environment they received care in; whether they were treated kindly, with respect and dignity and whether they had to tell their story more than once. The people that we care for, and in many instances their families and carers, are our partners in care and our practice must reflect that.

This action area is concerned with ensuring that service users are treated with dignity, empathy and respect, which is something that we all want for ourselves and our loved ones. This requires us to listen to feedback and act on it, and to design services to enable people to be involved in their care.

Examples of what local organisations can do include:

- Reviewing the options for roll out of the Friends and Family Test across all settings. Commissioners and NHS Trust Development Authority (NTDA) working with providers
- To ensure rollout and improve the experience of patients as reported in the Friends and Family Test.
- Providers using the published results of the Friends and Family Test to improve patient experience and work with public forums and patient groups to further continuous improvement.
- Commissioners and Providers using their professional and clinical networks to actively share examples of good practice which can be replicated by others.

4.3 Action area three: Delivering high quality care and measuring the impact

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. The burden and cost of data collection should be assessed and the role of technology to reduce this as far as possible should be reviewed. Metrics should also be developed with staff, patients, service users and key partners across the health, care and support systems.

Examples of what local organisations can do include:

- Commissioners and providers publishing and discussing quality metrics and impact on patient outcomes at each Board meeting.
- Commissioners and providers developing options to enable staff to gain the knowledge and skills necessary to understand and interpret data.

- Providers reviewing the recommendations of NHS North of England and considering the rollout of the public reporting of the incidence of pressure ulcers, falls and patient and staff experience.
- Providers and commissioners supporting the NHS Commissioning Board (NHS CB) in the development and rollout of the Safety Thermometer in other settings.
- Reviewing the use of lean methodology and technology to ensure measurement and data collection is streamlined, effective and simple.

4.4 Action area four: Building and strengthening leadership

Our leaders must have the skills they need to deliver. We know that there is a correlation between strong leadership, a caring and compassionate culture and high quality care. It is not just about looking up to your line manager and beyond. We all have a role to play in providing leadership within our teams and upwards to our leaders and our Boards.

Examples of what local organisations can do include:

- Providers undertaking a review of their organisational culture and publishing the results. This should include feedback from staff and the people the organisation cares for. Action should be taken to ensure the '6Cs' are embedded into the organisation at every level and demonstrated at every opportunity.
- Providers reviewing options for introducing ward managers and team leaders supervisory status into their staffing structure.

4.5 Action area five: Ensuring we have the right staff, with the right skills, in the right place

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 time to learn, to reflect and to re-energise and they need to be supported by organisations that promote 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 in order to best improve the experiences of service users and staff. The aim of this action area is to use the evidence, both national and international, to provide a series of tools to determine, locally, the most appropriate staffing levels for a particular health and social care setting that reflects and delivers quality of care, productivity and a good patient or user experience.

Examples of what local organisations can do include:

- Providers ensuring that Boards sign off and publish evidence based staffing levels at least every 6 months, linked to quality of care and patient experience and discuss this in public Board meetings.
- Providers reviewing options to deliver supervisory status for ward / community nurse and midwifery leaders.
- Commissioners reviewing the staffing levels using evidence based tools/methodology, links with quality and patient experience and ensuring appropriate action is taken.
- Providers implementing the recommendations about the recruitment and appraisal of staff using the '6Cs' and assessment of values and behaviours.

- Providers utilising the offer of £100m to support the use of technology in all settings and identifying the benefits for nurses, midwives and care staff.

4.6 Action area six: Supporting positive staff experience

Our shared purpose will only be achieved if staff is 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. Research evidence supports the correlation between staff experience and quality of care.

This action area is concerned that staff who provide care are nurtured and supported to be positive about their role and show this in the care that they provide and the way that they describe it. This means enabling involvement in decision making; promoting healthy and safe work environments; creating worthwhile and rewarding jobs in which every role counts; supporting each other; being accountable and being prepared to embrace innovative working and new technology.

Examples of what local organisations can do include:

- Providers committing to implement a measure of organisational culture and developing a plan for the on-going monitoring of this within their organisation.
- Providers developing, implementing and embedding strategies to secure meaningful staff engagement to optimise the experience of their workforce and, ultimately, patients – drawing on the five key factors of the staff engagement star from the NHS Employer Staff Engagement Toolkit.
- Providers reviewing options for implementing the Friends and Family Test for staff on a regular basis, measuring and publishing the results.
- Providers considering the '6Cs', the impact on their culture and values and organisational application and publishing for staff, patients and local people.
- NHS CB working with local commissioners to ensure that services are commissioned from organisations that achieve locally agreed targets to deliver high quality appraisals for their staff.

5.0 Next Steps

Over the next 12 weeks, further work will take place nationally to progress key areas for action and development which may be found in Appendix .1

Access to the full report may be found below:

<http://www.commissioningboard.nhs.uk/files/2012/12/compassion-in-practice.pdf>

6.0 Recommendations

Trust Board members are asked to receive and note the report.

Our Culture of Compassionate Care – Creating a Vision for Nurses, Midwives and Care Staff

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

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



Care	Compassion	Competence	Communication	Courage	Commitment
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 staff and patients 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.	A 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 and social care challenges ahead.

Collaboration underpins these values and behaviours in the NHS, in public health and in social care.

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

Helping people to stay independent, maximising well-being and improving health outcomes	Working with people to provide a positive experience of care	Delivering high quality care and measuring impact	Building and strengthening leadership	Ensuring we have the right staff, with the right skills in the right place	Supporting positive staff experience
<p>National Actions:</p> <ul style="list-style-type: none"> • Policy and programmes for. - Making every contact count - Maximising the leadership role of SCPHN - The public health role of midwives - Health visitor and school nursing plans - Dementia challenge - No health without Mental Health' • Developing accessible evidence based on NICE guidance • Actively engaging across sectors, leading work effectively, integrating health, care and support <p>Local Actions:</p> <ul style="list-style-type: none"> • Make 'every contact count' • Support nurses and midwives to maximise their contribution to the 'Dementia Challenge' • Ensure practice is supported by appropriate technology <p>Call to Action:</p> <ul style="list-style-type: none"> • Develop skills as 'health promoting practitioners' making every contact count 	<p>National Actions:</p> <ul style="list-style-type: none"> • Provide rapid feedback from patients to build a rich picture of the 6Cs in action • Support focal services to seek the views of the most vulnerable • Use feedback to improve the reported experiences of patients • Identify strong patient experience measures that can be used between settings and sectors <p>Local Actions:</p> <ul style="list-style-type: none"> • Support the roll out of the Family and Friends test • Rollout of the public reporting of pressure ulcers, falls, patient and staff experience and Safety Thermometer <p>Call to Action:</p> <ul style="list-style-type: none"> • Actively listen to, seek out and act on patient and carer feedback, identifying any themes or issues and ensuring the patient and carer voice is heard 	<p>National Actions:</p> <ul style="list-style-type: none"> • Publish 'High Quality Care Metrics for Nursing' by the National Nursing Research Unit • Identification of metrics and indicators, which reflect compassion and effective care • Rollout the Safety Thermometer • NHS North of England will complete their review of pressure ulcers and falls and make recommendations <p>Local Actions:</p> <ul style="list-style-type: none"> • Publish & discuss quality metrics and outcomes at each Board meeting • Enable staff to gain knowledge and skills to interpret data • Ensure measurement and data collection is effective and simple. <p>Call to Action:</p> <ul style="list-style-type: none"> • Support the measurement of care to learn, improve and highlight the positive impact on the people cared for 	<p>National Actions:</p> <ul style="list-style-type: none"> • Develop a set of tools that enable organisations to measure their culture • New leadership programme for ward managers, team leaders and nursing directors based on values and behaviours of the 6Cs • DH will lead work to implement and embed the Leadership Qualities Framework for Adult Social Care and roll this out <p>Local Actions:</p> <ul style="list-style-type: none"> • Providers undertake a review of their organisational culture and publish the results • Providers review options for introducing ward managers and team leaders supervisory status into their staffing structure <p>Call to Action:</p> <ul style="list-style-type: none"> • See ourselves as leaders in the care setting and role model the 6Cs in our everyday care of patients 	<p>National Actions:</p> <ul style="list-style-type: none"> • Develop evidence based staffing levels for mental health, community, learning disability services and care and support • Embed the 6Cs in all nursing and midwifery university education and training • Value based recruitment and appraisal • Effective training, recruitment and induction of support workers <p>Local Actions:</p> <ul style="list-style-type: none"> • Boards sign off and publish evidence based staffing levels at least every 6 months, linked to quality of care and patient experience • Providers review options to deliver supervisory status <p>Call to Action:</p> <ul style="list-style-type: none"> • Deploy staff effectively and efficiently, identify the impact this has on the quality of care and the experience of the people in our care 	<p>National Actions:</p> <ul style="list-style-type: none"> • National scheme to recognise excellent implementation of 6Cs • Plan to support care staff within the workplace • Review implementation of the Cultural Barometer once pilots have taken place • Evidence based good practice for clinical placements of students, preceptorship and supervision • Review the 'Image of Nursing work and develop actions <p>Local Actions:</p> <ul style="list-style-type: none"> • Strategies to secure meaningful staff engagement • Implement the Friends and Family Test for staff • Commissioners to ensure locally agreed targets to deliver high quality appraisals for their staff <p>Call to Action:</p> <ul style="list-style-type: none"> • Commit to working with local employers to improve experience in the work place

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