Embedding the 6Cs across health and social care

In this article...

- How the 6Cs are being adopted across health and social care
- Examples of where they are being used to change practice
- How healthcare staff can get involved

**5 key points**

1. The 6Cs are being embedded across health and social care
2. The 6Cs can be applied at every point in the chain of delivering healthcare services
3. They can be used to plan, benchmark and review services
4. The 6Cs are an important part of a social movement for cultural change
5. Patients expect treatment to be delivered in a consistent way by all professionals involved in their care

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The 6Cs were developed in 2012 against a backdrop of concerns about standards of nursing care in England. Over the last two years they have also been adopted by professionals and organisations outside of nursing. This article describes, and provides examples of, how the values of the 6Cs are becoming embedded across health and social care.

Launched two years ago as part of Compassion in Practice (NHS Commissioning Board, 2012), the 6Cs encapsulate the values and behaviours essential to the delivery of high-quality compassionate care. The values (care, compassion, competence, communication, courage and commitment) have been shaped by frontline staff, the people they care for and their carers.

The values enshrined in the 6Cs are now becoming embedded across health and social care and, as a result, other clinicians and health professionals are getting involved in this social movement alongside nurses and midwives.

**Partnerships**

In July 2014 the nursing directorate at NHS England held a conference, “The 6Cs are for Everyone”, with the Clinical Leaders Network (CLN). This attracted around 350 people from both clinical and non-clinical settings, giving us an opportunity to share what we had found out about embedding the values and behaviours of the 6Cs to improve patient and staff experience. The CLN is a national, professional network for practising clinicians – such as doctors and professions allied to medicine – in England. Working with the network gives us the opportunity to bring about real change and improvement to patient experience and service delivery. The conference allowed clinical professionals to share best practice and discuss how to work together to advance the values of the 6Cs and spread the learning from the Compassion in Practice strategy.

**6Cs outside of nursing**

Everyone working within the health service, whether in clinical practice or other areas, is in the business of care, and compassion is central and fundamental to the care we deliver. Patients, quite rightly, expect care to be right for them, at every stage of their treatment. The modern world of healthcare is seeing a growth in multi-disciplinary partnerships providing integrated care, and this will continue as NHS England implements the Five Year Forward View (NHS England, 2014). Patients expect treatment to be delivered in a consistent way by everyone in the team responsible for their care, from receptionists to clinical staff. First impressions matter when we receive a service or, in this case, medical treatment.

The 6Cs can be applied at every point in the chain of delivering healthcare services, and adopting the values outside of nursing and midwifery feels like a natural evolution. For example, commissioners looking at outcomes, costs and plans for the future are using them as a model to plan, benchmark and review services. People relate to the 6Cs because they are a set of values that have universal appeal and they are applicable to many different types of health and care settings and staff.
are easy to understand and articulate.

The following are just a few examples of how the 6Cs values are being embraced across a range of settings.

**Hospital care**

North Tees and Hartlepool Hospitals Foundation Trust has a 6Cs team in place to embed Compassion in Practice throughout the trust, ensuring the values of the 6Cs are reflected and aspired to all day, every day by every member of staff. An example was the consideration given by the emergency care therapy team to the emotional and care needs of a young woman with Down’s syndrome.

The multidisciplinary team coordinated care around the patient, allowing her more time during ward rounds and nursing handovers and encouraging other patients in her bay to engage in conversations with her. They found out about her interests, which included the TV programme *Holby City*. A trip to an operating theatre was then arranged to show her behind the scenes of a real hospital.

The 6Cs are also a key feature of the East Kent Hospitals University Foundation Trust’s quality strategy, informed by what they call the We Care Programme. This campaign uses the 6Cs values and behaviours to make improvements, such as improving the waiting areas for relatives of patients in intensive care (East Kent Hospitals University Foundation Trust, 2014).

The We Care team listened to more than 1,500 staff members and patients to find out what was most important to them and, as a result, developed shared values, service standards and expectations of each other, including what was expected by patients. The trust strategy is to embed the shared purposes and the values embodied by the 6Cs with linked competencies into everyday working life for all staff – not only nursing, midwifery and other clinical staff – through the trust-wide We Care Champions scheme. As part of this cultural change, matrons are supported to challenge and help others to live the values and to facilitate best practice as part of their professional role.

**Mental health**

At 5 Boroughs Partnership Foundation Trust in Warrington, the executive board is showing its commitment to compassionate care by developing and implementing an integrated care strategy based on the 6Cs as a board-level objective.

Leads from various disciplines across the trust have been working together to develop the strategy and determine how they achieve this objective. They agreed the strategy needs to be embedded into practice and become a culturally accepted approach across all professions. As a result, they have defined their strategy as a Culture of Care, involving every member of staff – clinical and non-clinical. The trust board urges every member of staff to think about how their role affects patient care, and to consider service users and carers with every decision they make.

**Forensic services**

In forensic services, the 6Cs values are making a change to the way services are provided to patients. The multidisciplinary team on Fir Ward in the low-security unit at the Chichester Centre, part of Sussex Partnership Foundation Trust, is taking action to reduce the frequency with which patients need to be secluded, an intervention that can have a traumatic effect on both staff and patients.

The team looked into the practice of using seclusion as an intervention in the management of violence, with a view to developing strategies that would lead to a reduction in episodes. Lines of communication have been opening up by making one-to-one time with patients more effective and improving liaison between multidisciplinary colleagues. With frequent supervision and reflective practice, the episodes of seclusion are falling – there have been just three in 12 months compared with approximately one per month before practice changed.

**Private hospital**

The 6Cs are fully embedded into the clinical strategy at the Spire Gatwick Park Hospital. 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 they will be evident in practice. Staff wear printed badges displaying the 6Cs values as a reminder of what they are aiming to achieve.

A clinical and non-clinical strategy pioneer in each department ensures the clinical strategy is based on the 6Cs and non-clinical staff also understand what is expected of them in terms of behaviours and their impact on patients. The hospital has reviewed discharge processes and surveyed patients’ experiences, and the process is now more patient-led and efficient. Patient records have been reviewed and now provide better information about treatment, which is leading to improved care. In effect, the 6Cs have become part of daily work with staff engaged and supportive of what the hospital’s management and healthcare teams are striving to achieve.

**Commissioning**

In the Vale of York, the care commissioning group is working collaboratively with independent care homes in the area to launch a pilot. This will aim to create a self-assessment for care homes to show evidence of performance and practice in key areas of patient safety and effectiveness, as well as the experience and skills of the care team.

In addition to driving improvements by focusing on and assessing care provision, care home staff are being given the opportunity to become Care Makers, local ambassadors and advocates of the 6Cs movement.

**Conclusion**

As the 6Cs, both as a movement and a set of values, gain support and traction across health and social care, more individuals and organisations are adopting them as a shared set of behaviours with the power to drive improvements to patient experience and outcomes. I hope to highlight more examples of how the 6Cs are coming to life in the coming months. Box 1 provides more information on how to get involved.

**References**

East Kent Hospitals University Foundation Trust (2014) “We Care” Survey brings Refreshments to ITU. tinyurl.com/ITUrefresh
NHS England (2014) Five Year Forward View: tinyurl.com/Sy5earForward

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- Bit.ly/NT6CsEducation