Compassion in action
CNO says there is much to be positive about
More patients than ever say the care they receive from nurses is compassionate but there is more work to do to make the 6Cs truly universal values, England’s chief nursing officer has said.

In her keynote address to the CNO Summit, Jane Cummings said she felt “there was an awful lot to be positive about” as she reflected on the two years since the launch of the national nursing strategy Compassion in Practice.

She revealed that when she goes out and meets patients, the feedback she hears about the care they have received is “overwhelmingly positive”.

“People say ‘I was lucky’. I want to say: ‘You’re not lucky, that’s what you should get all the time every time’,” Ms Cummings told an audience made up of hundreds of nursing leaders from across the country.

“But they also talk about their expectations. I still hear people say: ‘I had great care, and I was lucky’ and actually I want to say: ‘You’re not lucky, that’s what you should get all the time every time.’”

Ms Cummings said she felt there was evidence that the launch of the strategy’s 6Cs – care, compassion, competence, communication, courage and commitment – was contributing to that sort of consistency. She pointed to survey data from Ipsos MORI showing a rise in the number of patients saying they were treated with compassion when using the NHS.

“The first poll was done six months after the Compassion in Practice launch,” she explained. “At that point, 64% of people said they were treated with compassion. Six months later, Ipsos MORI did a further review and [the percentage] had gone up to 72%. So we can see an early upward trend.”

She pointed out there were still a minority of patients who did not feel the care they received had been compassionate. “And of course, when we treat a million patients every 36 hours, that’s an awful lot of individuals,” she noted.

Ms Cummings also cautioned that such data can exclude the opinions of more vulnerable individuals.

“Quite often, the work we do, the surveys we do, the discussion groups we have, are often held with those that find it easier to answer surveys, who feel more

Leaders have duty to promote public health as a career choice

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The director of nursing at the Department of Health and Public Health England has argued that “a radical upgrade” is needed in prevention and public health.

Professor Viv Bennett suggested that “the time was never better” to deliver such a change and that collaboration would make it possible.

“If we don’t all join together on this, we won’t have the money to do to the things we want to do. We have to move from a rescue model to something which embraces health improvement, health promotion and health protection,” she said.

She continued: “Because there are so many of us and we have trust from the public, we have an important role in acting as the champions of public and population health through making every contact count, through the things we do, through working in local communities.”

Professor Bennett argued the leaders attending the CNO Summit had a particular responsibility to promote public health and community nursing jobs as viable choices.

She said: “I still hear too many student nurses saying: ‘Eventually I’d like to go into the community, but I’m not allowed to at first’ or ‘I think I’d like to work in a nursing home, but people tell me it’s a dead end first-time job’.”
confident about talking in focus groups. When we talk about the experience of our patients, we shouldn’t forget those who are more vulnerable,” she said.

Nonetheless, she argued that progress on defining what it means to deliver good nursing care has been significant. “Two years ago we were in a very different place. The 6Cs has given us a narrative that everybody understands. It’s reinforced what it is we have always done, what we continue to do, and what we always must do.”

VALUE RESEARCH

Nursing in the UK is “guilty” of not evidencing the value of the work it does, delegates at the CNO Summit heard. Professor Laura Serrant, from the University of Wolverhampton and recently seconded to NHS England to lead the evaluation of Compassion in Practice, suggested that “few nurses are engaged in developing the evidence to underpin nursing practice.”

“Many nurses who work as research nurses are actually doing the research of doctors, not nursing research,” she argued. “I feel that is where, as a profession within the UK, we are lagging behind. This is not a phenomenon of nursing, this is a phenomenon of nursing here. If we look elsewhere, internationally, nurses are driving the evidence base. Nurses are creating the evidence to underpin their demand for resource, the demand for change.

“We have to be able to evidence the art of science of our work if we’re going to be able to develop as a profession and prove our worth where it counts,” she concluded.

NEWS IN BRIEF

Stevens thanks delegates
The panel on the Five Year Forward View began with a video message from Simon Stevens. The chief executive of NHS England thanked delegates for “all the leadership you are showing at what everyone acknowledges is a time of great pressure in the NHS”.

Empathy vs sympathy
A film demonstrating the difference between empathy and sympathy was a popular part of Jane Cummings’ keynote address. The short film, made by The RSA, argues that “empathy fuels connection, sympathy drives disconnection”. It can be seen at www.youtube.com/watch?v=1Evwgu369Jw.

Too few perinatal MH teams
Emily Slater, the campaign manager at Maternal Mental Health Alliance, told delegates of the lack of specialist community perinatal mental health teams. Arguing that the mental health of pregnant women and new mothers should be everybody’s concern, she said that suicide remains one of the leading causes of maternal death.

Care needed with restraint
Professor Juliet Beal, director of nursing, quality and improvement at NHS England, told of her son’s very negative A&E experience during a psychotic episode as an illustration of the need for all nurses to think carefully about the use of restraint. Joanne McDonnell, senior nurse for mental health and learning disabilities at NHS England, urged attendees to be confident that when they used restraint they were confident it was the least restrictive option available.
Framework will help care homes benchmark on performance

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A new framework is aiming to assure NHS staff about standards in care homes, and bring the two sectors closer together.

The tool – being developed as a collaboration between care homes, commissioners and accountancy and advisory firm Baker Tilley – enables homes to self-assess against a variety of criteria.

“We’re creating a tool which marries performance, patient and family experience, [and] the 6Cs. It allows care homes to benchmark, not compare, on performance,” explained Lucy Botting, chief nurse at Vale of York Clinical Commissioning Group.

“As a commissioner, we contract with a home on behalf of the patient rather than with the home itself. So it’s really difficult when looking at contractual levers for quality improvement. That means partnership is really important – working together to improve,” she said.

It was a theme echoed by Angela Dempsey, governing body nurse at Enfield CCG and an associate director at Baker Tilley. “We want to create something which creates grown up conversations between commissioners and providers on how we can improve care,” she said.

Elizabeth Hancock, business manager at Fulford Nursing Home in North Yorkshire, was enthusiastic about its ability to do just that.

“We’d like to be working in a joined-up approach,” said Ms Hancock, who has been involved in developing the tool. “The CCGs and local authorities want care homes to improve, and key to me is them supporting us to do it. I want to be talking to CCGs and local authorities about quality of care, and this tool will enable me to do it.

“The tool has already opened up conversations. From next week, we’re working with the CCG to offer reablement services and that’s all come about through conversations with the CCG.”

She stressed how vital it is to bring care home nurses into the wider nursing community.

“If you are thinking of using the tool, I ask you to think about what commissioning was like to years ago. Care has changed and is changing. My nurses are doing proper, high-end nursing. This isn’t a job you’re having because your children are little and you want to earn a bit of money.

“My nurses want to feel like they are part of the team – they came into care to care, and often they feel on the edges,” she said. “The people that are in our beds now were in hospital, the people that were in my beds are in residential, the people that were in residential are at home.

“So the bar’s been raised, but my nursing staff haven’t been part of the nursing community and so they need to be upskilled. Just by me telling them that we were working with the CCG, you could see them grow.”

I want to talk to CCGs and local authorities about quality of care, and this tool will enable me to do it” Elizabeth Hancock

CNO for England’s Summit 2014

NURSING TIMES Telephone House, 89-101 Paul Street, London EC2A 4NE. Published by EMAP a part of Top Right Group. © 2013 NURSING TIMES is published weekly by EMAP a part of Top Right Group, and printed by Headleys. Registered as a newspaper at the UK Post Office. ISSN 0954 7762. First published on 6 May 1905.
A panel of senior nursing figures welcomed the Five Year Forward View for the NHS in England, particularly praising its focus on collaboration between disciplines and sectors.

Lisa Bayliss-Pratt, director of nursing for Health Education England, recalled being at the CNO Summit two years previously, saying “I’ve learnt over the last two years that we are stronger together.”

“It’s not easy, but I think we’re all learning we have to come together and find out how we can align ourselves. I think that’s one of the greatest strengths of the document,” she said.

Speakers also praised the emphasis on prevention. “We need to lose the mystique about public health, because we are all engaged in the prevention agenda,” argued Suzanne Rastrick, chief officer for allied health professions at NHS England.

The Five Year Forward View was published in October and sets out a vision for the future of the health service. It was developed by organisations including NHS England, Public Health England, the Care Quality Commission and patient groups.

“For me, the important thing is that this has been written by the NHS and for the NHS,” stated chief nursing officer for England Jane Cummings.

The Five Year Forward View praised for focus on collaboration

Burn urges nurses to take role in genomic revolution

NHSEngland’s senior geneticist said nurses are key to ensuring patients remain central as genomic technologies become increasingly important in healthcare.

Professor Sir John Burn told delegates at the CNO Summit that “everywhere you look in medicine, genomics is going to be there”.

He continued: “One of the things about the nursing community is that they are perhaps best placed to see the person, rather than the patient or the statistic in public health or how much it costs to treat them.

“The responsibility in this whole exercise for the nursing profession is to constantly remind all of us that there are people on the end of this – there are real people who are going to suffer if we do this wrong, but also people who are going to suffer if we don’t do this at all,” he said.

Genomics is regarded as a highly promising area in healthcare. The technology, which is becoming more widely understood, makes it possible to identify individuals susceptible to particular diseases as well as creating more tailored medicines.
A moving speech from a patient underscored the power of nursing to change lives through the smallest actions. Matt King received a standing ovation following a talk in which he recounted his experiences of care following a rugby accident in which he broke his neck. Just 17 at the time of the accident, he recalled how one nurse had changed his life as he came to terms with being paralysed from the neck down.

“I woke up in the middle of the night, and spent time talking to one of the night nurses at the Stoke Mandeville spinal injuries unit,” he remembered. “She did her best to provide me with support, advice and encouragement and talked about ex-patients who’d gone on to rebuild their lives. “Looking back, that time spent with nurse Tracy planted the seeds in my mind that it would be possible to rebuild my life. The building blocks on the way to recovery were laid that night – simply by listening to me,” he said.

“She recognised that I was a vulnerable young adult and that my future was uncertain. She communicated not through pity, but through empathy. It wasn’t what nurse Tracy did, but how she did it that made the biggest difference to me,” he added. It was a point Mr King further emphasised by talking about one of his worst experiences of care, which took place shortly after his accident. Unable to talk, he found that the only sound he could make was a clicking sound with his tongue “and that became my lifeline”.

“I awoke in the middle of the night – my tracheostomy site was really painful, and I was worried I was not getting enough air. No matter how many times I clicked, the nurse would not come over. “Eventually the nurse did come over, but all she did was walk around the bed and check the monitors before walking to the bottom of the bed and saying: ‘Patience is a virtue.’ She then walked off. “That nurse hadn’t taken it upon herself to understand the situation I found myself in. There was no 6Cs.” Mr King, who is now training to be a solicitor, continued: “Please empower your staff to put themselves in the shoes of the patient,” he urged. “A smile, a listening ear, simply treating your patients with respect. I can tell you from first-hand experience that nursing has the ability to change lives.”

Treating all staff equally will not only improve the culture of the NHS but will also improve quality of care, delegates at the CNO Summit heard.

Roger Kline, research fellow at Middlesex University, pointed to a body of evidence showing “what nurse leaders already know, which is that staff who are cared for and respected are more likely to provide compassionate care and respect to those they have responsibilities for.” However, he said evidence also shows that the 20% of the NHS workforce who are from black minority ethnic (BME) backgrounds are consistently treated less favourably than white colleagues.

“It is twice as likely that BME staff will be disciplined, it takes longer for newly qualified BME nurses to get jobs, and takes longer for them to get promoted.” It was a view echoed by Joan Myers, nurse consultant for children and young people at North East London Foundation Trust. She pointed to her own experience in writing NICE guidance for children with eczema.

“I was the only BME person on the panel and nobody had mentioned the fact that eczema presents differently in black children to white children. That is now written into the guideline. “We have BME people with the qualifications to work at a higher level, but they are not being given the opportunities.”
Hunt applauds effort but warns of more challenges

The health secretary has called on nurse leaders to thank their staff for their work under the current pressures faced by the NHS, but also warned of a tough winter ahead.

In his keynote speech at the CNO Summit, Jeremy Hunt said he realised the NHS had been “under more pressure in the last few years, probably ever than in its history”.

He attributed this pressure to the “triple whammy” of the financial difficulties caused by the economic crisis, the need for the NHS to respond to the Francis report and an ageing population.

Mr Hunt said: “I wanted to thank you and to ask you to thank your staff… for everything that they’re doing and to reflect the fact that we understand the huge amount of pressure that there is.”

The health secretary also went on to thank nurse leaders for their preparations for the coming winter.

“It is going to be, more challenging I think, than ever,” he warned.

In addition, Mr Hunt set out “four pillars” that formed the government’s response to the Five Year Forward View – the set of plans published by NHS England in October.

The first pillar, he said, was the need for the NHS to contribute to the country’s economic growth and help avoid another financial crisis.

“We have an opportunity for health to be a big contributor to economic growth through the life sciences, industry, through research and development,” he said, highlighting examples such as NHS involvement in new drug trials and the decoding of the human genome.

Second, he called for new models of care and acknowledged that a “big push” was needed to increase the number of nurses working in community settings. Mr Hunt said: “We need a different model of care that is based around keeping people healthy and happy at home, and trying to prevent the onset of illness and trying to prevent people developing long-term conditions.

“What we need to make [it] possible is more district nurses, more practice nurses, more community nurses. We need a big push on nursing in the community,” he said.

He identified the third pillar as “embracing” time-saving technology that would help nurses work in a more efficient way. “Technology that means nurses have to spend less time filling out forms… is something that many trusts don’t give a priority to… and we need to change that,” he said.

Mr Hunt said the final pillar, changing NHS culture around compassion and safety, was the “most difficult and also the most important”. He noted the work this year on increasing transparency on ward staffing levels and accountability through putting the names of clinicians above beds.

“Culture is something that nurses really understand and, if we look at the changes we’ve had since Francis, nursing has led the way in embracing a new culture,” he said. “I believe the NHS is well on its way, to not only being the most compassionate, but to being the safest healthcare system in the world.”
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