Developing the culture of compassionate care: creating a new vision for nurses, midwives and care-givers

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1. About Sue Ryder

1.1 Sue Ryder is a charitable provider of health and social care services across the UK. We care for people with long term or complex conditions and disabilities providing specialist palliative and neurological care. We operate in a range of environments with community and home-based care delivery alongside our hospices and neurological care centres.

1.2 With over 1000 clinical and non clinical support staff including doctors, nurses, physiotherapists, support workers, carers and bereavement workers we are committed to embedding a culture of care that places the individual at its centre.

1.3 We are funded through charitable donations, contracts with health and social care commissioners and revenue from our network of more than 400 shops across the UK.

2. Overview

2.1 Sue Ryder welcomes the development of a vision for nurses, midwives and care givers to reinforce a culture of compassionate care. Alongside our own vision, values and behavioural framework we would commit to the delivery of the 6C’s in all of our care settings.

2.2 The people that use Sue Ryder’s services often cite the staff they have supporting them, both nurses and support workers, as the most important thing to them in the management of their care.

2.3 Every contact of care counts whether it be a support worker helping a resident to get out of bed in the morning, or a nurse in a Sue Ryder hospice
supporting an inpatient with symptom management. Individuals with complex neurological conditions with limited mobility and communication depend on nurses, carers and support workers to manage their condition, and enable them to live their lives. Communication is particularly important in caring for those at the end of their life, to ensure people are given the opportunity to have choice and plan their future care.

2.4 Sue Ryder has recently developed a values and behavioural framework for employees across the organisation, including its clinical and support staff. This compliments the nursing vision and will be discussed in more detail in our answers below. In consultation with our clinical quality team we have considered the consultation questions and made recommendations accordingly.

2.5 The challenge of this vision will be ensuring that the responsibility for delivery lies with leaders across the nursing and care professions including professional bodies, regulators, trade unions, commissioners of care and care providers.

3. The vision and shared purpose

3.1 We welcome the shared purpose to maximise care givers’ contribution to high quality compassionate care and excellent health and wellbeing outcomes for all people. The purpose is aligned with Sue Ryder’s vision of being passionate about giving people the care they want and puts the individual, their needs, wishes and aspirations at the heart of person centred care delivery.

3.2 Sue Ryder sees each person we care for as an individual; an individual with their own goals and aspirations. Our holistic approach to care can be seen in our provision of specialist palliative care and neurological care in our centres. We are pleased therefore that the purpose of the vision not only seeks to meet the health needs, but the care and wellbeing needs of individuals.

3.3 We support the vision as a framework rather than tool to reinforce and reengage with the existing, as well as the future workforce. We are, however, cautious about the communication of it’s delivery. Nurses involved in the frontline delivery of care may argue that they already live up to the values in the vision through embedding the principles of nursing and their professional NMC code of conduct in their everyday practice. This vision must be seen as an extension and framework to reinforce these values.

4. The values and behaviours

4.1 We support the ‘care is our business’ vision. This should be the principle that underlines the whole of the NHS and those in the practice of providing care. This should link directly to the NHS Constitution. This should also recognise and build on the RCN Energise for Excellence and the principles of nursing practice. There needs to be a system of recognition for delivering against the values, similar to the use of the RCN E4E logo. The regulator of nurses, the NMC and the major trade union for nurses, the RCN will need to take a lead role in clinical practice
and nursing groups to take it forward and embed across all working practices and settings.

4.2 We are pleased that there is a renewed focus on delivering high quality care. The focus on outcomes needs to be reemphasized.

4.3 We welcome the new focus the vision places on courage. Courage is a key element of Sue Ryder’s new behavioural framework. Having the courage to challenge, question and articulate beliefs and advocate when required is fundamental to safe effective care, as well as being enabled to have difficult conversations, and promote a culture that is open to challenge.

4.4 Care givers need to be empowered to have the courage to speak up and challenge practices which they believe are wrong. A key part of this will be equipping nurses with the right skills and support to do this. Processes need to be in place in order for staff to feel they can challenge practices, with strong internal whistle blowing practices. Each organisation needs to have policy and procedures in place on how to escalate concerns externally if they are not addressed internally. In order to ensure this leadership will be key and must be a priority.

4.5 Communication is a key part of delivering effective care, particularly for those at the end of life. Nurses and care givers need to be given the right skills and training to empower them to have sensitive conversations with patients about end of life planning and support the planning of future care. We have seen recently the impact that miscommunication has on the reputation of the use of the Liverpool Care Pathway, a recognised and best practice pathway for those in the last few days and hours of life. It is essential that these tools are used appropriately and adequate training is provided to deliver this. Training is vital in supporting health and care professionals to have honest and open conversations with patients around their choices at the end of life, where they would like to be cared for and die. Good communication also builds confidence from patients and family members in the care that is being provided. This can make a real difference to people’s lives.

4.6 Continually striving to improve the quality of care we provide through upskilling staff is critical to ensuring their competence. With competence comes confidence to deliver the right care. When caring for someone with complex neurological conditions it is important that care givers have an understanding of the nature of the condition.

4.7 The Sue Ryder behavioural framework encompasses and expands upon many of the values in the nursing vision. We have 11 behaviours in total that include courage, resilience, emotional awareness, honesty and integrity, communicating and delivering outcomes.

5. Delivering the vision
5.1 Leadership, training and communication of the values will be a vital part of reengaging the workforce with the values and behaviours of the vision.

5.2 Having a strong nursing voice represented throughout the structures of organisations will ensure nurses are given the courage to prevent incidences from occurring. Investment in leadership and managers will be vital from the NHS Commissioning Board, through to CCGs, across providers, and into the front line nursing, assistant practitioners and support staff.

5.3 Training and education in the values will be key to embedding them at every contact. Sue Ryder was the first charity to adopt the RCN licence and deliver a front line leadership course. Practice educators in our services are responsible for developing bespoke training programmes. We have also run an education programme aimed at registered nurses and other professionals working with patients who need palliative and end of life care.

5.4 The vision and values need to be accompanied by a robust strategic delivery plan with an outcomes framework in which to measure against. We agree that a focus on delivering high quality care and measuring impact will be a key part in delivering the vision. It will be important that measures of quality are in place and providers have processes in place that ensure feedback on quality and allows benchmarking across services.

5.5 We are concerned that the delivery plan doesn’t demonstrate the need for partnerships. In order to successfully deliver the plan, a commitment between active partners in care must be promoted and more clearly stipulated under the commitment value.

5.6 This vision needs to more closely align the need for shared decision making with personalisation as part of the government’s social care vision in the Caring for our Future white paper. With more widespread introduction of personalisation and personal budgets people will need support to navigate around the system and this needs to be embedded in training and education plans. This also fits in with Sue Ryder’s strategic delivery plan, Supporting Me which recognises the need for advice and education.

6. Sue Ryder initiatives

6.1 Sue Ryder’s Quality Account
A key part of measuring impact is determining how quality is measured. As a provider of NHS services we are required to develop a Quality Account for our hospice provision. Although not required, we have extended the quality account to apply across all of Sue Ryder’s services. We believe this culture of having a quality account for all services should be adopted by all service providers.

6.2 Working with people to provide a positive experience of care
In our homecare services our aim is to be able to deliver a personalised model of home and community support for each individual, empowering them to live the
life they want. We want to develop a service that considers and responds to the needs of the whole person, moving away from the traditional care model of ‘doing something to someone’, to tailored support which empowers people to maintain their independence where possible.

In order to make this transition we have worked on a number of personalised initiatives, including person centred recruitment. We are changing the terminology we use for our staff, talking about support workers rather than care staff. To make sure we employ the right people we are looking at how to develop adverts for new staff that outline the desired employee profile as well as the demonstrable skills required. We are consulting with our service users to help us develop our assessment criteria, including questions they may want to ask candidates. We are also developing profiles of service users and support workers so we are able to match each user to support staff teams with common interests and personalities.

6.3 Service user led decision making
Sue Ryder has a national service user advisory group, Acorns, which is made up of representatives of the people to who we provide care and staff from across Sue Ryder’s palliative and neurological services. The group meets quarterly and is consulted on the charity’s planning and decision making. The group recently led the work on the development of the organisation’s meal time quality standards.

Sue Ryder is also formalising the process of involving residents in the recruitment process of clinical and care staff in its centres. Centres actively engage residents to shape and develop their care offering, with representatives on quality improvement groups, resident committees, monthly staff meetings and staff interview practice and processes.

7. Terminology in the vision

7.1 We agree with the use of the term ‘people we care for’ as outlined in the vision. This term is appropriate as the paper rightly points out it encompasses the range of people including patients, residents, day service users, families and carers that we provide care to. Care is not only delivered to the individual in need but support is extended to family and friends. It is important to look at the whole person, which includes their close personal relationships, this may be to help them make decisions about their care and include their loved ones in this process, and the sensitivities around delivering care.

7.2 Sue Ryder has recently undertaken work to communicate the language and terminology we use to talk about the people we care for. Our holistic provision of care means we provide care to the individual, carers and their families, and it is because of this that we have changed the way we speak and refer the ‘people who use our services’.

8. Conclusion
8.1 Sue Ryder welcomes the vision for developing a culture of compassionate care. We welcome it as a tool to reinforce and embed the existing values that nurses and care givers currently hold. The delivery of the vision will depend on leadership, training and communication of the values across all levels of the nursing and care profession.