NHS

Resource pack
to support workplace compassion

NHS England and NHS Improvement

Introduction to this resource pack

This set of resources has been designed to accompany the NHS England document Towards Commissioning for Compassion: A Support Guide published in October 2018.

You can access the guide here: https://www.england.nhs.uk/wp-content/uploads/2018/10/towards-commissioning-for-workplace-compassion-a-support-guide-v2.pdf

The guide was informed by our research and insight programme working with a large number of commissioners and providers of healthcare services across the NHS. It includes a number of case studies and practical examples of good practice of working together to create and sustain compassionate workplaces to support more dignified, caring and compassionate experiences of care for patients and staff.

In the foreword to the Support Guide, Neil Churchill, Experience, Participation & Equalities Director for NHS England reminds us that "we know that high quality patient experience cannot be achieved - ethically or sustainably - at the expense of staff and that it is only possible for health and care staff to stay well themselves and to deliver consistently high quality,

compassionate care if they also experience dignified, compassionate and practical support in their workplaces." The importance of doing all we can to look after staff better than we ever have before has never been greater. One way of doing this is to pay special attention to the practical actions that we can all take to create more compassionate workplaces.

In the Support Guide we stated that, "everyone can take action now, today, to create a more compassionate workplace for themselves and for others." Using these resource materials can support your organisation to achieve this. The resources include materials for team meetings, for briefings to the executive team, video clips and powerpoint slides for workshops within or across teams and

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departments, that you can use 'off the shelf'.

Just like the Support Guide that these Resource Materials accompany and support, the practical actions within these resources are not intended to be a single 'one size fits all' offering. You may want to adapt and share the contents, slide sets and activities to suit your local plans, priorities and organisations. Please feel free to do this and to add your logos or other identifiers where needed. But you don't have to spend time adapting them. The resources have been developed so they are 'good to go' with no additional effort from yourself. There are presenter notes in each slide set to help you to get the most from using them.

The resources are structured into an introduction section and then four elements designed to support you to promote, develop and sustain more compassionate workplaces. The four elements were identified through our research and insight programme.

They are:

Element 1: culture and values

Element 2: actions and activities

Element 3: leadership and management

Element 4: policies and procedures

We anticipate that the introductory resources may well be a good starting place but would encourage you to select and use the resources and sets of activities in the most helpful and appropriate way for your local setting. They can be used as standalone materials or employed flexibly in combination with other resources that you have available.

We hope you find these resources helpful in enabling more compassionate workplaces and that they will inspire you too, to find and act on ways to create more positive experiences for staff within services that you provide and those you commission.

We would love to hear about how you have used, adapted and shared the resources and particularly to learn about ways in which they have enabled you to develop more compassionate workplaces. Please do let us know how you get on by emailing us at england.staffexp@nhs.net

Resources to support practical actions to promote workplace compassion include:

1. Culture and values for workplace compassion

1.1 Background

Given the centrality of compassion in the delivery of care, a key question for us all is how can we create compassionate cultures where staff can both deliver compassionate care and thrive themselves? Part of the answer lies in recognising that we are all responsible for shaping the culture in which we work. Everything we do, all of our actions and interactions, shape the culture of our teams and our organisations.

The cultures that support and promote workplace compassion are embodied in the interpersonal actions and behaviours of colleagues, from taking the time to make a drink for a colleague, to appreciation of the wider context of a staff member's personal circumstances. In this way, compassion towards staff, like compassion towards patients, has a significant interpersonal behaviour component.

1.2 Building compassionate workplace cultures

Workplace compassion has some important characteristics and is demonstrated particularly through peoples' connections with one another. These connections are ones where people pay particular attention to their shared and different perspectives through empathy and deliberately seeking to

understand how one another see and respond to their workplace experiences. These connections then link with caring for one another that is embodied in the ways that we communicate and act. In these ways, compassion involves a deliberate focus on others along with a specific purpose or intent to overcome adversity or for others to have positive experiences and outcomes.

In essence, compassionate workplaces are characterised by the kinds of behaviours that are consistently thoughtful and consistently caring in ways that demonstrate empathy in action. While these actions are also characteristic of compassionate leadership, we do not need to wait for leadership or policy or permission to be kind and thoughtful or to act with

empathy towards those we work with. As we say in the NHS England guide "everyone can take action now, today, to create a more compassionate workplace for themselves and for others." These resources are designed specifically to inspire and support such practical every day thoughts and actions.

1.3 Learning

With regard to the features of workplace compassion that relate most strongly to culture and values the following emerged from our research:

- Very many of the staff we talked to could readily describe the characteristics of positive staff experience; what it looked like and how it felt to work in a compassionate workplace.

They were also familiar, in general terms, with the evidence that good staff experience correlates with good patient experience.

- Some people expressed discomfort with referring to staff as recipients of compassion. Typically staff are perceived as drivers or deliverers of compassion rather than as its recipients.

- Our Twitter contributors told us that workplace compassion and culture is embodied in the interpersonal actions and behaviours of colleagues, from taking the time to make a drink for a colleague, to appreciation of the wider context of a staff member's personal circumstances. In this regard, compassion towards staff, like compassion towards patients, has a significant interpersonal behaviour component

- Many staff also told us about a number of factors that prevented them from incorporating workplace compassion into their regular activities.

1.4 Resources

Here we reproduce the three culture and values for workplace compassion studies from the support guide in handout format. The case studies describe exemplary examples from NHS organisations that have instigated change to their values and culture to support workplace compassion and aim to inspire other people working in healthcare to find ways to create compassionate workplaces.

We also share two workshop exercises with resources, handouts and slides to support workshops or improvement events to enable staff to review and plan activities that support the development of cultures and values for compassion in their workplace. The resources have been piloted and refined with feedback from NHS staff and organisations and are provided in formats that enable you to tailor them to your own organisation and your own context. The slide set has presenter notes to support delivery of the exercises.

The case studies aim to inspire people working in healthcare to find ways to create compassionate workplaces. All of these examples are very light on the resources required to implement them. What all of the case studies show is how cultures can be positively influenced by individuals or small groups who were motivated to make things better for themselves and their colleagues, and found a way in which they could do that.

The set of resource materials we have included are as follows:

1.1 Six word stories

Six-word stories exercise: This exercise borrows from a story associated with Ernest Hemingway and the challenge that he undertook to write a story in just 6 words. Hemingway's story was: 'For sale, Baby shoes, Never worn.' This exercise challenges you to conjure your own concise masterpiece on the theme of workplace compassion.

1.2 Workplace compassion audit and action

One technique used to support people to develop self-compassion, is to suggest that they write to themselves about a current issue or situation that they face but to use the same advice, tone, and care that they would use if they were advising a close friend. This exercise takes that basic premise and applies it to workplace compassion. You can do this exercise either in relation to your own workplace or a specific workplace that you commission or work with.

1.3 Culture and Values for Workplace Compassion slide set

1.4 Culture and Values for Workplace Compassion Case Study. Hull and East Yorkshire Hospitals NHS Trust: Changing culture by developing and living team values.

1.5 Culture and Values for Workplace Compassion Case Study. University Hospitals of Leicester NHS Trust: Showing workplace compassion by saying thank you.

1.6 Culture and Values for Workplace Compassion Case Study. Leading a new directorate's culture, building in workplace compassion: Imperial College Healthcare NHS Trust.

1.7 Where to start with creating a culture of workplace compassion film clip
https://www.youtube.com/watch?v=fbrcPHtHJP0 Cherry Dale, previously Chief Operating Officer at Birmingham South Central CCG, describes how her commissioning organisation created a culture of workplace compassion. This film clip is also embedded in the slide set above.

1.8 Contracting for workplace compassion video clip
https://www.youtube.com/watch?v=587gLXeJ5T8 Cherry Dale describes why she commissions from providers with compassionate workplaces along with the activities that commissioners should expect to see and how she incorporates workplace compassion into contracts with service providers.

> **We also share two workshop exercises with resources, handouts and slides to support workshops or improvement events to enable staff to review and plan activities that support the development of cultures and values for compassion in their workplace.**

1.9 Measurable benefits and outcomes of workplace compassion video clip
https://www.youtube.com/watch?v=V1pa3SHsqAE Cherry Dale describes examples of some of the changes that could be seen and measured in an organisation with a culture and practice of workplace compassion.

2. Actions and activities for workplace compassion

2.1 Background

Workplace compassion exists in the details of policies and procedures but is enacted interpersonally between staff, and not solely in interactions with staff in hierarchical positions of authority and power. Workplace compassion is experienced by staff as a result of the thoughtful, caring, and empathetic actions of others.

Initiatives that support healthcare staff to be compassionate toward and between their colleagues, including at times of work pressure and when staff have experienced an emotional and physical impact of their work,

could be as effective as the development of workplace policies and statements extolling the virtues of compassion in the workplace.

Our research and insight work showed us that seemingly small and simple actions made a real difference to people's experience in the workplace. People told us that small acts of kindness, such as "a note telling me to stay strong and some flowers", "asking how are you today especially to junior staff", that "a smile goes a long way", and "taking a moment to make a cup of tea, to share a difficult time" demonstrate compassion in the workplace and make a big difference to staff members' experiences at work.

2.2 Learning

- Compassionate leadership is key to creating a culture of compassion in the workplace. The day to day experience of staff is though, in large part, determined by the actions and activities of those around them, their co-workers and fellow team members.

- Small-scale actions and behaviours by staff towards each other both reflect and feed the culture of an organisation. For leaders, supporting and modelling actions and activities that show compassion to staff is key to culture change.

Many of the actions and activities that support workplace compassion are seemingly small and simple yet have a powerful impact on staff experience.

Organisations can 'formalise' the occurrence of compassionate actions and activities towards staff through specific initiatives such as workplace peer support programmes, or through provision of support at key moments such as following critical incidents.

2.3 Resources

Here we reproduce the four actions and activities for workplace compassion case studies from the support guide in handout format. We also share resources, handouts and slides to support organisational improvement workshops or team improvement events to enable staff to review and plan activities that support compassion in their workplace. The slideset has presenter notes to support delivery of the exercises.

2.1 Actions and Activities for Workplace Compassion Case Study. Imperial College Healthcare NHS Trust: Senior clinical leadership after a serious incident

2.2 Actions and Activities for Workplace Compassion Case Study. Northumberland, Tyne and Wear NHS Foundation Trust: Making it easy to speak about things that matter

2.3 Actions and Activities for Workplace Compassion Case Study. North West Ambulance Service NHS Trust: Investing in peer support for staff wellbeing

2.4 Actions and Activities for Workplace Compassion Case Study. Academy of Fabulous

Stuff CIC and Lincolnshire Community Health Services NHS Trust (LCHS) : When staff feedback is fab

2.5 Actions and Activities for Workplace Compassion slideset

2.6 Taking stock of actions and activities that support workplace compassion: What do we do now that's good? (or, "not throwing out the baby with the bathwater")

2.7 Tackling giants: Barriers to making a change to achieve workplace compassion

2.8 Actions and Activities to Support Workplace Compassion Action Planning Exercise (or, "even Baldrick had a plan")

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3. Leadership and management for workplace compassion

3.1 Background

The third domain in the cycle of workplace compassion is leadership and management. These two terms are often used synonymously but they do actually have different meanings. The Healthcare Leadership Model produced by the NHS Leadership Academy[1] describes nine dimensions of leadership including inspiring a sense of shared purpose and vision with others, engaging and developing people, and holding people, teams and organisations to account. Management concerns the process of achieving an organisations objectives by organising, planning, leading and controlling human, physical and financial resources.

Compassionate leadership has been defined as "leadership which is adaptive, shared, and distributed"[2]. Compassionate, inclusive leadership is one of the capabilities identified in the national framework for improvement for NHS-funded services 'Developing People - Improving Care'[3].

The framework states:

"Compassionate leadership means paying close attention to all staff; really understanding the situations they face; responding empathetically; and taking thoughtful and appropriate action to help. Inclusive leadership means progressing equality, valuing diversity and challenging existing power imbalances It may sound a 'soft' and timeless leadership approach given current urgent pressures. But evidence from high performing health systems show that compassionate, inclusive leadership behaviours plus established improvement methods create cultures where people deliver fast and lasting improvement in quality and efficiency."

Free resources to support and develop compassionate and inclusive leadership are available from a number of sources, including:

- NHS Improvement
  https://improvement.nhs.uk/resources/culture-leadership/

- NHS Employers
  https://www.nhsemployers.org/case-studies-and-resources/2017/01/inclusive-leadership-in-the-nhs

- NHS Leadership Academy
  https://www.leadershipacademy.nhs.uk

1. The Healthcare Leadership Model: The nine dimensions of leadership behaviour. NHS Leadership Academy https://www.leadershipacademy.nhs.uk/wp-content/uploads/2014/10/NHS Leadership-LeadershipModel-colour.pdf

2. de Zulueta P C. (2016). Developing compassionate leadership in health care: An integrative review. Journal of Healthcare Leadership, 8, 1-10.

3. National Improvement and Leadership Development Board (2017) Developing People - Improving Care: A national framework for action on improvement and leadership development in NHS-funded services. https://improvement.nhs.uk/documents/547/10591-NHS_-Improving_Care-Summary.pdf

National level support for NHS organisations has tended to focus on leadership capabilities and behaviours that support compassion in the workplace. Management approaches to support compassion in the workplace and positive staff experience have tended to take a backseat.

Given there are existing resources to support compassionate leadership in the workplace, here we focus on resources to support compassionate management in the workplace. In particular, we describe an improvement initiative to support management for workplace compassion and we share resources which you can use to drive management improvements that support workplace compassion and positive staff and patient experience in your own organisation. We have reported on this work since the publication of the Support Guide, so here we describe the background to the initiative in detail so that the context and underlying concept is available to users of these resource materials.

3.2 Exploring management approaches to support positive experience

This initiative arose from our observations that people in NHS organisations with a staff experience remit often work separately from staff with a patient experience remit. We observed that staff experience teams, where they exist, are often located in different departments to teams concerned with improving patient experience; have different management structures, objectives, and performance

> We held a number of workshops and telephone briefings with NHS provider organisations to explore the management of staff and patient experience and test out whether joint management of staff experience and patient experience might both support an NHS culture of compassion for all and improve productivity.

indicators. Given the interconnectedness of staff and patient experience, and the increasing body of evidence that suggests staff experience and engagement is a key predictor of patient experience, we were curious to explore why these two functions were not more aligned in many NHS organisations. We wondered if NHS organisations might be 'missing a trick' with this management structure.

We held a number of workshops and telephone briefings with NHS provider organisations to explore the management of staff and patient experience and test out whether joint management of staff experience and patient experience might both support an NHS culture of compassion for all and improve productivity.[4]

Workshop participants described the striking organisational disconnect between what they clearly knew and understood about the interconnectedness of staff experience and patient experience, and the lack, and

sometimes the total absence, of joint planning of staff experience and patient experience activities. These disconnects included data analysis and reporting, working relationships between teams leading on staff and patient experience programmes and improvement initiatives within NHS organisations. In seeking to better understand the root causes of this disparity between well established knowledge and action, workshop participants noted that capacity pressures, silo working, separate drivers, performance indicators and objectives for staff and patient experience teams, which were rarely co-located, served to keep patient and staff experience functions siloed. This situation was reinforced by a more general failure to explicitly leverage staff experience in order to improve patient experience, despite the known associations between the two.

4. NHS organisations that participated in this scoping activity were: NHS Lewisham Clinical Commissioning Group, Royal Free London NHS Foundation Trust, Cornwall Partnership NHS Foundation Trust, Mid Yorkshire Hospitals NHS Trust, United Lincolnshire Hospitals NHS Trust, Lancashire Care NHS Foundation Trust, Worcestershire Acute Hospitals NHS Trust, Guy's and St Thomas' NHS Foundation Trust, Sheffield Teaching Hospitals Foundation NHS Trust.

In fact, workshop participants drawn from functions across their organisations, including finance and planning, patient experience, staff experience, clinical directorates, and human resources functions told us that attending our workshop was the first time the members of these management teams had come together to focus collectively on staff and patient experience. The shared conversations that organisational team members engaged in during our workshops had not been experienced within their own organisations. We were struck by the fact that it had necessitated travel to an off-site workshop to get members of these different teams from the same organisation to discuss staff and patient experience with each other. We learned that discussions that had previously taken place between these key individuals within organisations had tended to be sporadic and reactive. The infrequency with which such key components of organisational systems come together, work together and agree action plans together for their organisation, was a key learning point in our work.

It became clear that team members from across an organisation benefited from purposeful, shared dialogue about patient and staff experience in an improvement and transformation context.

We discussed the ways in which improvement activities in NHS organisations are typically focussed on a singular aspect of patient experience or staff experience, the ramifications of changing one aspect of the healthcare system on other aspects of the system are sometimes not fully considered. For example, initiatives to attain

greater performance against a target to improve patient experience may be at the expense of staff morale and increased sickness absence. Whilst performance against the patient experience indicator may improve, overall efficiency actually reduces. We used the economic theory of production possibility frontiers to conceptualise this. Through better understanding system-level trade-offs, and working to maximise performance against both dimensions, rather than productivity targets alone, NHS service providers may become more efficient in terms of both patient and staff experiences of care.

Some workshop participants told us that they had experienced a

moment of clarity, where the connections between staff experience and patient experience, and crucially the way in which these two factors interact and impact each other, came as a sudden realisation. Participants described feeling a powerful sense of the connections between patient and staff experience in a way that they hadn't previously experienced but that now seemed entirely obvious to them once this shift in perspective had occurred. The workshop had created a paradigm shift in participants' conceptualisation of the purposes and objectives of their roles in influencing and improving patient and staff experience. It no longer made sense to participants to consider patient and staff experience

functions as separate work programmes in NHS organisations.

Following the workshops, several NHS provider organisations decided to work with us to test out a new approach to service improvement that we called "Experience of Care: Patients and Staff Together". Using standard improvement methodologies (including: identifying a project team, securing executive support, developing a project aim statement, fishbone diagrams, PDSA cycles, data collection and measurement of both patient and staff experience), this new improvement approach has several additional key features:

- Co-creation approach: The project team has to include people representing the following management functions: patient experience, staff experience, finance, IT & data analysis, clinical governance, plus staff and patient representatives, from the outset

- Adoption of a 'scrap the silos' mindset

- Utilisation of data to measure any impact on both patient and staff experience

- Identification of a discrete improvement initiative that can be completed in a short timeframe (maximum of 3 months)

Examples of improvement initiatives selected by the pilot Trusts using the Experience of Care: Patients and Staff Together approach included:

- Shifting towards the joint planning, timing, and operational delivery of the patient and staff Friends and Family Tests (FFT), previously managed almost entirely separately. This also included a specific aim of improving staff engagement through increasing participation in the staff FFT.

- Improving an organisational complaints management system from a protracted and overly complicated process with multiple layers of sign-off and lengthy wait times for complainants, to an integrated 'Hearing Feedback' system able to respond to both positive and negative feedback. Quicker turnaround of responses to feedback with local level ownership and sign off, in order to achieve earlier and better resolution for patients and improved job satisfaction and ownership for staff.

- Improving two-way communication between staff and senior leaders on a specific ward where staff had self-identified a need to improve compassion in the workplace in order to reduce the risk of a reduction in quality of patient care.

People using the Experience of Care: Patients and Staff Together improvement approach told us the following about their experience:

- All participants found this method to be a useful approach. Team members reported that they now believed it was important to link staff and patient experience improvement activities as illustrated below:

  'I truly believe that linking the two is incredibly important as patient experience is a reflection of the organisation and engaged staff'

  'I've always believed there is a direct link between the two. If staff are 'happy' productivity is increased - ie greater patient experience'

- Participants strongly agreed that a 'scrap the silos' collaborative approach is key, reflected in the following comments:

  'This is critical to achieve innovation and change.'

  'We very often work in silos not being aware of colleagues objectives and targets. This can mean duplication of work. Working together drives stronger objectives and more joined up working'

  'I found it informative and liked the structure. It also gave me the opportunity to work with other colleagues on a project instead of in a silo'

- Participants reported changes that have taken place as a result of their involvement in the pilot:

  'We have realised there are some staff engagement activities we need to stop and to develop our approach'

  'I am aware the Organisational Development team and patient experience staff are now working collaboratively. Huge change.'

3.3 Learning

■ Our conclusion, based on the experiences of working with members of the NHS organisations that participated in this project, is that staff and patient experience and engagement teams do not typically work closely together. Whilst some work is undertaken together and interactions between teams do occur, opportunities for integrated, collaborative working, and particularly for the planning and development of improvement activities based on feedback, data, and perspectives of both staff and patients are typically missed.

■ Different objectives, performance indicators, priorities, management, departmental or team membership, and cultures of silo working, have led to and sustained the separate rather then integrated operation of staff engagement and experience and patient experience functions in most NHS organisations.

■ The Experience of Care: Patients and Staff Together workshop was effective in galvanising NHS Trust staff to actively and practically address the disconnects between staff and patient experience management.

■ Some of the improvement initiatives would either not have happened, or would not have been implemented as collaborative activity involving both staff and patients without using this approach.

■ The Experience of Care: Patients and Staff Together improvement approach can be successfully applied across different NHS sectors and can effectively enable and support diverse improvement initiatives from ward or service to Trust-wide level.

■ The Experience of Care:

Patients and Staff Together workshop acted as a catalyst for collaborative activities, and management changes focussed on improving compassion for all and experience of care for all.

3.4 Resources

Here we reproduce the leadership for workplace compassion case study from the commissioning for workplace compassion support guide in handout format.

We also share resources concerning management and workplace compassion to assist you to run your own Experience of Care: Patients and Staff Together workshops and improvement activities. We include resources to run an introductory workshop to introduce this management concept and approach in your organisation or team. We then include resources (an improvement activity planning workshop agenda) that can be

used after the introductory workshop, should your organisation subsequently decide to utilise this improvement approach. We include an annotated version of this agenda as a guide to workshop facilitators in addition to the version for workshop participants. Using these resources and implementing this approach is likely to involve making management changes to the ways in which your organisation manages staff experience and patient experience functions. You may even instigate integrated staff and patient experience functions with shared management, objectives and performance measurement. Our starting point was adjusting management approaches in order to improve compassion in the workplace. The Experience of Care: Patients and Staff Together approach acknowledges the inter-connectedness and wider context of the healthcare setting which can impact the experience of compassion in the workplace. Consequently, using this approach may invoke broader organisational and management changes, to achieve greater productivity and positive experience for the organisation as a whole.

The resources provided here are intended to be used in conjunction with other standard improvement approaches (PDSA cycles, etc) currently in use in the NHS. Consequently we would recommend that they are used by people with improvement and service development experience. The resources have been piloted and refined with feedback from NHS Trusts. The resources are provided in a format that enables you to tailor them to your own organisation and your own context.

3.1 Leadership for Workplace Compassion Case Study. Leading a new directorate's culture, building in workplace compassion: Imperial College Healthcare NHS Trust

3.2 Experience of Care: Patients and Staff Together Introductory Workshop Agenda template

3.3 Experience of Care: Patients and Staff Together Introductory Workshop Powerpoint slideset

3.4 Experience of Care: Patients and Staff Together Workshop Case Studies

3.5 Experience of Care: Patients and Staff Together Improvement Planning Workshop Agenda template for participants

3.6 Experience of Care: Patients and Staff Together Improvement Planning Workshop Annotated agenda for facilitators

3.7 Experience of Care: Patients and Staff Together Workshop Feedback Form

> **Whilst some work is undertaken together and interactions between teams do occur, opportunities for integrated, collaborative working, and particularly for the planning and development of improvement activities based on feedback, data, and perspectives of both staff and patients are typically missed.**

4. Policies and procedures for workplace compassion

4.1 Background

While a wide range of employers, across health, care and other sectors, have put in place measures to support and promote the health and wellbeing of their employees, it is becoming increasingly recognised that the nature of work in healthcare demands special attention to the importance and benefits of compassionate workplaces.

People working in health and care experience a variety of events in the workplace in the course of their day to day work. There are many existing schemes to support health and care staff who have experienced traumatic or critical incidents in the workplace. These sit in the context of broader guidance for all employers to support employee physical health, mental health and wellbeing has

There is a significant amount of guidance related to this and we have included links to some of this below:

https://www.local.gov.uk/sites/default/files/documents/health-work-and-health-re-904.pdf

https://www.nice.org.uk/guidance/settings/workplaces

https://wellbeing.bitc.org.uk/all-resources/toolkits

been and links to that guidance is below. In this particular section however, we are placing a sharper focus on compassion in the workplace.

4.2 The importance of personalised policies and procedures

Leaders within organisations, and the ways in which they promote, interpret and apply

polices and procedures, can make it harder or easier for staff to behave with the human kindness, thoughtfulness and empathy towards each other that these examples personify. It is the compassionate use and personalisation of policies and procedures that supports compassion in the workplace.

Some of the structures that we set up in organisations which then become behavioural norms, supported by policies and procedures, can lead us to focus on what went wrong or needs to be improved, rather than encouraging us to consider what might be happening with the individuals involved[5].

A recent study, conducted by Roffey Park[6], identified two main ways in which policies and procedures can impact negatively on workplace compassion even when that is exactly what they are intending to support. These are:

- Too restrictive HR policies that are difficult to adapt to individual circumstances

- When policies and procedures are followed to the letter, to the point where you can no longer see or be compassionate towards the person involved.

Participants in our work to develop the Support Guide highlighted that although workplace compassion can be found in the details of policies and procedures, compassion is experienced when policies and procedures are made relevant to the specific person concerned.

Our Twitter research campaign identified that policies and procedures contribute to positive staff experience when they are

applied to individual staff with compassion. When utilised and implemented by line managers, policies can support them to show compassion towards staff and demonstrate the compassionate nature of the employer. Below are some examples of thoughtful compassionate actions between colleagues that our Twitter study participants told us about:

> On the loss of his mum colleagues bought my husband a tree to remember her #ShowsWorkplace Compassion

> Space and time for staff to listen and talk about difficult emotions #ShowsWorkplace Compassion

> Supporting colleagues through mental health crisis and recognising that adverse behaviour is not misconduct #ShowsWorkplace Compassion

> Recognising what matters to one another #ShowsWorkplace Compassion

5. Worline MC, Dutton JE Awakening Compassion at Work: The Quiet Power that Elevates People and Organisations McGraw-Hill Education 2017

6. Poorkavoos M Towards More Compassionate Workplaces Research Paper Roffey Park 2017

4.3 Learning

With regard to the features of workplace compassion that relate most strongly to personalising policies and procedures the following emerged from our research and insights programme:

- Typically staff are perceived as drivers or deliverers of compassion rather than as its recipients. This highlights the need for policies and procedures to enable and promote enactment of compassion at an interpersonal level between staff.

- The awareness of specific behaviours, values and initiatives that may be supportive or conducive to achieving workplace compassion was negatively impacted by a sense that these may 'reasonably' be sacrificed at times of pressure.

- Commissioners reported limited system drivers for commissioners to commission for compassion, and activity and progress in this direction was reliant instead on individual enthusiasts, advocates, and champions.

- For participants in our study, workplace compassion exists in the details of policies and procedures but is enacted interpersonally between staff, and not solely in interactions with staff in hierarchical positions of authority and power.

4.4 Resources

Here we reproduce the two personalised policies and procedures for workplace compassion case studies from the support guide in handout format. The case studies describe exemplary examples from NHS organisations that have instigated approaches to personalising their policies and procedures to support workplace compassion. A central aim of these case studies is to inspire other people working in healthcare to find ways of bringing to life opportunities within their policies and procedures to improve their impact at a personal level, and in doing so to contribute to the creation of more compassionate workplaces.

The first case study describes a working procedure that is critical to patient safety that also supports workplace compassion by specifically creating a team experience in a complex, distributed network of staff. The second case study showcases a policy that recognises staff as individuals with interests and passions outside of the workplace. The policy affords staff recognition and time for those interests, benefiting the individual concerned, their community, and the employer.

We have also included a video clip concerning policies and procedures for workplace compassion and a slide set for you to adapt to facilitate exploration and discussion about how policies and procedures can best support the creation of compassionate workplaces.

4.1 Policies and Procedures for Workplace Compassion Case Study. Surrey and Sussex Healthcare NHS Trust: The daily emergency call safety huddle

4.2 Policies and Procedures for Workplace Compassion Case Study. NHS England and NHS Improvement Employee Volunteering Policy: A policy you can volunteer for

4.3 Workplace compassion as a business model
https://www.youtube.com/watch?v=qQNC1GtJ0RM

4.4 Policies and procedures for workplace compassion slide set

Appendix of resources

Introduction to workplace compassion resources

Just like the guide that these resource materials are designed to accompany and support, the practical actions within these resources are not intended to be a single 'one size fits all' offering. We anticipate that you will wish to adapt and share the contents, slide sets and activities to suit your local plans, priorities and organisations. Please feel free to do this and to add your logos or other identifiers where needed.

The resources are structured into an introduction section and then four elements designed to support you to promote, develop and sustain more compassionate workplaces. The four elements were identified through our research and informed through insights from our work with provider and commissioner organisations.

They are:

Element 1: culture and values

Element 2: actions and activities

Element 3: leadership and management

Element 4: policies and procedures

We anticipate that the introductory resources may well be a good starting place but would encourage you to select and use the resources and sets of activities in the most helpful and appropriate way for your local setting. They can be used as standalone materials or employed flexibly in combination with other resources you have available.

A. Shareable handout: Why workplace compassion and caring for the people who care matters

Compassion has usually been associated with those served by the NHS, with health and care staff supporting and providing compassionate care to others. While many health and care staff gain satisfaction from the provision of compassionate care, their work is often emotionally, physically and mentally demanding.

Given the increasing pressures on health and care staff, with 40% of NHS staff reporting feeling unwell due to stress (NHS staff survey, 2018), it is becomingly increasingly important to look after staff much more effectively than ever before.

> "
> **NHS staff are more likely than the rest of the working population to become patients (Michael West, 2016)**

> "
> **'It is not enough simply to aim to reduce staff stress levels. We should be promoting the idea that humans can flourish in the workplace.' (Michael West, 2016)**

www.kingsfund.org.uk/ blog/2016/1/creating- workplace-where-staff-can- flourish

Workplace compassion matters because we know that:

- The experience of staff in healthcare organisations is strongly connected with the quality of care provided to patients.

- Staff need to feel cared for in order to care for patients.

- Organisations that prioritise staff health and well-being perform better, with improved patient satisfaction, stronger quality scores, better outcomes, higher levels of staff retention and lower rates of sickness absence.

- Healthcare organisations can take action that improves support for staff and staff wellbeing.

High quality patient experience cannot be achieved - ethically or sustainably - at the expense of staff.

Many healthcare systems around the world are working to balance two global phenomena: the growing demand, intensity and acuity for healthcare and the associated risks of staff experiencing stress, burnout and compassion fatigue. Whilst many NHS staff continue to live their values and uphold the NHS Constitution in striving to deliver compassionate care, warning lights have been flashing more brightly on issues like stress, bullying and the pressure to come to work even when feeling unwell.

It is only possible for health and care staff to stay well themselves and to deliver consistently high quality, compassionate care if they also experience dignified, compassionate and practical support in their workplaces.

It is becoming critical that we do all we can to look after staff better than we have ever done before, both for their own and their patients' health and well-being.

In essence, compassionate workplaces are ones where peoples' actions are consistently thoughtful, caring and empathetic towards one another. While these actions are also characteristic of compassionate leadership, we do not need to wait for leadership or policy or permission to be kind and thoughtful or to act with empathy towards those we work with.

We can all, whatever our roles, find ways and take actions to create more compassionate workplaces.

In addition to the range of initiatives that are implemented by a wide range of organisations to support health and wellbeing of their employees in the workplace, there are specific aspects of the nature of the work that health and care staff undertake, that means compassion towards and between health and care staff requires particular attention and focused action.

The Point of Care Foundation publication Behind Closed Doors (2017) stresses that **'delivering high quality care is only possible if staff get the practical and emotional support they need'** and recommends that **'staff experience should be given equal priority to patient experience at all levels of the healthcare system'.**

https:16682-presscdn-0-1-pagely.netdna-ssl.com/wp-content/uploads/2017/07/Behind-Closed-Doors-July-2017.pdf

'having all the right business philosophies and management practices is meaningless unless you treat the person right in front of you, right now, the right way.'

Robert Sutton (2007) The No Asshole Rule: Building a civilised workplace and surviving one that isn't. London: Piatkus

B. Shareable infographic reflecting the rationale and business case:

Why caring for the people who care matters
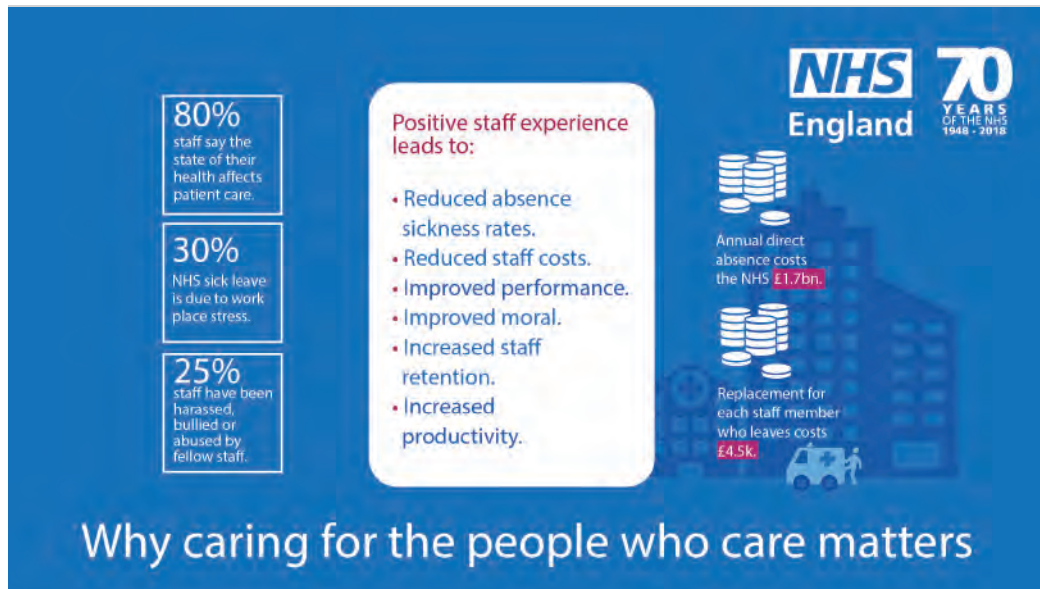
C. Introductory slide set: Why workplace compassion matters

Culture and values for workplace compassion resource materials

Element 1: culture and values

1.1 Six word stories

1.2 Workplace compassion audit and action

1.3 Culture and values slide set

1.4 Culture and Values for Workplace Compassion Case Study. Hull and East Yorkshire Hospitals NHS Trust: Changing culture by developing and living team values

1.5 Culture and Values for Workplace Compassion Case Study. Norfolk Community Health and Care NHS Trust: Using an online staff platform to change values and culture

1.6 Culture and Values for Workplace Compassion Case Study. University Hospitals of Leicester NHS Trust: Showing workplace compassion by saying thank you

1.7 Where to start with creating a culture of workplace compassion video clip

1.8 Contracting for workplace compassion video clip

1.9 Measurable benefits and outcomes of workplace compassion video clip

1.1 Six word stories

Six-word stories exercise: This exercise borrows from a story associated with Ernest Hemingway and the challenge that he undertook to write a story in just 6 words. That's right, not 140 characters, but a mere six words. Hemingway's story was dark and sad: 'For sale, Baby shoes, Never worn.' This exercise challenges you to conjure your own concise masterpiece on the theme of workplace compassion.

Part 1: In six words, describe the worst healthcare workplace you have ever known.

_____   _____   _____   _____   _____   _____

Part 2: In six words, describe the best healthcare workplace you have ever known.

_____   _____   _____   _____   _____   _____

Six word stories - examples

You may wish to share these examples to inspire your event or workshop participants or for table discussions.

- Overbearing boss, micro-management, increased resignations

- She survived to bully another day

- Bullying culture, unsupportive management, bureaucracy throughout

- Hitting targets, missing points, losing people

- Arrogant senior accusing, abandoning, lying, shouting

- Always negative. Low morale. High turnover.

- Intimidating, bullying and manipulating

- I'm trusted, I'm valued, I'm respected

- Gin and tonics, lots of laughter

- Commitment and competence. All working together.

- Valued, believed in, trusted, had fun!

- Management listen. Acknowledge excellence. Nurture staff.

- Smile, support, listen, open, together = team

- Laughing together makes difficult days better

1.2 Workplace compassion audit and action

Step 1: Think about your workplace

Write a short description of this workplace as it is now; the values it has, what it feels like to work there, how the workplace and people working there responds when things get tough.

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Step 2: Now think about the kind of workplace you would want for a close friend.

Write a short description of this workplace; the values it has, what it feels like to work there, how the workplace and people working there respond when things get tough.

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Step 3 How close was the workplace you pictured in Step 1 to your ideal workplace in Step 2?

1.   2.   3.   4.   5.

Not at all close   Very close

Step 4. Make a change

What can YOU do, TO BE THE CHANGE, THIS WEEK, to move your workplace closer to your ideal workplace?

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1.3 Culture and values for workplace compassion slide set

1.4 Culture and Values for Workplace Compassion Case Study

Hull and East Yorkshire Hospitals NHS Trust:

Changing culture by developing and living team values

Summary

We wanted to change our culture in the pathology department. Following a rather negative response to a staff survey, we asked the staff what would help, and the answer was changing our culture to a more inclusive one. We asked the staff what values they thought represented pathology. Pathology staff suggested a large number of values which we put to a staff ballot t determine a number of key values. It was important at this stage that staff, and not management, took ownership of the process, and defined the expected behavioural values. Once selected we set about spreading these values using posters which described what we would expect from each other and what would we challenge. We created an environment which was inclusive and where we felt comfortable to stand up and challenge inappropriate behaviour. We had lanyards made which we wear with pride which declare 'Pathology believes in Equality, Respect and Integrity'.

What we did

We changed our work based culture from a negative one to a positive one, by defining our own behavioural values and agreed that we would all benefit from redefining our cultural values. We changed the way we all interacted and sent the message out about what we would support and what we do not accept.

Why we made this change

We recognised that the culture within the department was not a good one; that often due to pressures we were less than respectful of each other and staff felt disengaged. We were proud of our work and our profession, but all felt that the culture needed to be changed to benefit all.

How we did it

It was all about staff engagement and allowing staff to own the process. We all signed up to it and our culture and values are now included into our departmental induction. We sent out a clear message that we are an inclusive department and will all tackle inappropriate behaviour and we will all respect each other.

What we hoped would change

We wanted the culture in the department to change, to make everyone feel equally valued and enable everyone to tackle inappropriate behaviour. We wanted staff to feel empowered by the process, and to know they have a voice, and wearing the lanyards makes us all feel part of the pathology team.

What changed

The culture changed. We all wear the lanyards and all groups of staff feel empowered and that they have a voice and that they matter. Everyone now feels able to tackle issues more confidently. All new staff are automatically enrolled into our pathology values when they start. The environment is now more inclusive.

What we are doing next

We have recently introduced a change to all our meetings. Before the meeting starts a sentence about our values is read out: 'This meeting is conducted under the shared values of pathology'. Wearing our values (on lanyards) and speaking our values (at meetings) reminds us to act on our values. Other departments in the Trust are looking at what we have done with interest.

For further information contact:

Chris Chase (chris.chase@hey.nhs.uk)

1.5 Culture and Values for Workplace Compassion Case Study

Norfolk Community Health and Care NHS Trust:

Using an online staff platform to change values and culture

Summary

Ensuring positive staff experience and providing support for all staff is part of our annual priorities and is linked to the Trust's strategic objectives. We have put in place numerous initiatives to support this objective. In staff surveys in previous years though, many staff have reported not feeling valued and we wanted to find out why. During engagement sessions we were disappointed to hear that staff felt that the Trust simply was not doing enough to look after them. We couldn't ignore the feedback we received from staff.

In June 2016, in collaboration with Clever Together, we launched 'Your Voice Our Future' (YVOF), a dedicated crowdsourcing platform for staff, in which every member of staff could log on and have open, honest discussions on various topics, and share their ideas, comments and votes. We aimed to ensure all staff felt valued, listened to and involved in changes within the Trust.

Staff have shared discussions on a wide range of topics from information management, recognition, health and wellbeing, to leadership and behaviours. As a direct result of the discussions on the staff platform we have made further changes in the Trust, such as a refresh of the Trust's behaviour framework and the creation of a 'leadership promise'. More staff now feel that the Trust is listening and communicating on a regular basis.

What we did

We realised we needed an online tool as staff are geographically spread across Norfolk, so that all staff could contribute and participate in 'conversations'. We created the role of Staff Engagement Manager with a one year secondment to lead on the development of a culture of positive staff engagement and involvement, including the development of the online platform. An important feature of this new role was an open recruitment approach with an advert to all staff in the Trust, with no grade banding attached.

We wanted to get the right person, their grade and substantive role wasn't important.

From discussions on the platform we are able to gather more information from staff about their thoughts about leadership and behaviours in the Trust. Comments received included: 'managers do not always demonstrate supportive, fair and compassionate behaviours'; 'some of our leaders lack the required skills to consistently ensure we are happy and healthy at work'. We therefore created a Leadership Promise for all our leaders to align to and our behaviour framework was refreshed and incorporated into our appraisal system.

Why we made this change

Our staff engagement score of 3.71 in the 2016 NHS Staff Survey wasn't where we wanted it to be. Engagement session conducted by the CEO had low attendance rates and other previous staff engagement events had participation rates of less than 10%. With the introduction of YVOF participation has continued to grow, with around 30% of staff participating in the online conversations.

How we did it

For the creation of the online platform, we collaborated with Clever Together and generated interest within the Trust using a multi-channel communication approach, created new engagement branding for social media, and staff received information posted to their home summarising our plans and inviting staff to get involved in a positive and constructive conversation.

To make changes to the behaviour framework, 700 staff participated in workshops to refine the framework. To embed the behaviour framework across the organisation to all departments, staff engagement has become a mandatory training subject for 2017-2018 with the creation of a work-station including a video, interactive activities highlighting the Trust behaviour framework and information about support that is available for staff.

What we hoped would change

We hoped that staff would feel they always had a 'voice' and could always contribute towards improvements in their work place.

What changed

The value the organisation gained from just the first few online conversations alone could not have been predicted. During a 20 day campaign, more than 900 staff posted 8,500 ideas, comments and votes. Staff from every corner of the Trust joined in the online conversation – every band, directorate and staff group. In our latest staff survey (June-September 2017) staff engagement increased to 3.85 (average) from 3.71 in 2016, which is above the national average for Community Trusts.

What we are doing next

The online campaign is now a regular event every quarter throughout the Trust. Some teams have used the online platform to have team specific conversations. For example, in one locality they continuously have 'Your Shout' with which staff can voice ideas for improvements. We are now re-launching the way in which we recognise and acknowledge staff in the workplace, with an annual awards ceremony, thank you cards and badges of recognition amongst our latest changes.

For further information contact:

**Laura Palmer
(laura.palmer@nchc.nhs.uk)**

1.6 Culture and Values for Workplace Compassion Case Study

University Hospitals of Leicester NHS Trust:

Showing workplace compassion by saying thank you

Summary

In November 2016 we launched Above and Beyond: a thank you scheme for staff which enables any member of staff to thank another. Staff send through their message to the staff engagement team, which is then copied into a card and then posted out to the member of staff with a pin badge. In the first year we sent 5,168 'thank you's to staff.

We have received great anecdotal feedback of the positive effect on staff and teams within the Trust and we are continuing to see an increase in nominations which tells us how popular it is.

What we did

We designed a card and pin badge and developed a form that can be emailed or posted back to the staff engagement team so that it is accessible for all staff including those that don't have an email address or have limited access to a computer. We launched the initiative at our annual leadership conference with approximately 300 leaders from around the Trust. We promoted the scheme at local meetings and give a report on the number of thank you's that have been sent in the chief executive briefing every month. We have given examples of positive feedback from staff that have both sent and received a thank you, and also some top tips about sending them. The positive effect that the scheme has on staff has helped with its popularity and spread.

Why we made this change

Feedback given in our NHS Staff Survey and our quarterly 'pulse check' results were telling us that staff didn't feel recognised for the great work that they do, and. as with many NHS organisations, these are challenging times. We felt that staff deserved to be thanked for their work, their commitment and the times when they go above and beyond what is asked of them and we thought that it is important for any member of staff to be able to do this.

What we hoped would change

The change that we want to see is that staff feel thanked and supported for the work that they do and that they feel appreciated. We also hope that by implementing Above and Beyond we have provided a tool to help managers thank their staff. This fits into a larger staff engagement plan for the trust and we hope this will help to improve engagement with staff which then benefits all patients and staff as a result.

What changed

We eagerly await our NHS Staff Survey results to see if there has been any measurable impact in an improvement in engagement scores and particularly in positive responses to give and receiving thanks at work.

Until then, we can see change in the popularity of the scheme: in the first three months we saw monthly submissions of 98 - 186; the last three months ranged between 508 and 723. Anecdotal feedback has been really positive and our testimonials are increasing.

What we are doing next

We plan to change the colour of the balloons and badge for the next year hoping that this will keep up the momentum that we have created.

We have considered implementing a team 'thank you', however we have decided to stick with individual cards and badges only as our feedback has told us how good this individual message of thanks makes staff feel.

For further information contact:

Linsey Milnes (linsey.milnes@uhl-tr.nhs.uk)

1.7 Where to start with creating a culture of workplace compassion video clip
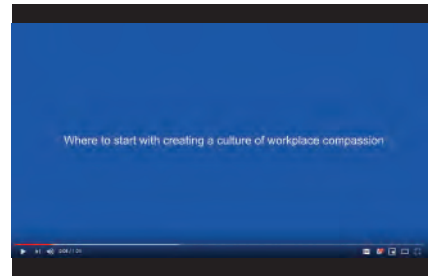
▶ https://www.youtube.com/watch?v=fbrcPHtHJP0

1.8 Contracting for workplace compassion video clip

▶ https://www.youtube.com/watch?v=587gLXeJ5T8

1.9 Measurable benefits and outcomes of workplace compassion video clip

▶ https://www.youtube.com/watch?v=V1pa3SHsqAE
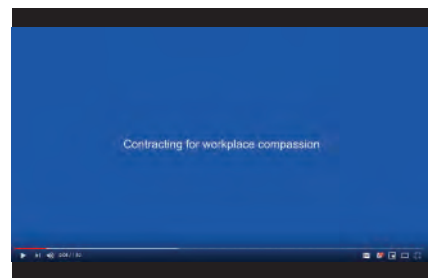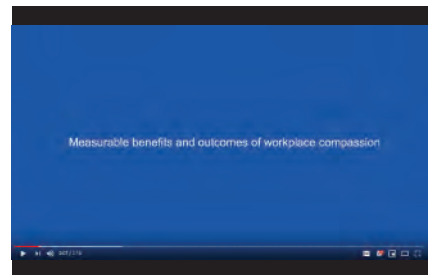
Actions and activities for workplace compassion resource materials

Element 2: actions and activities

2.1 Actions and Activities for Workplace Compassion Case Study. Imperial College Healthcare NHS Trust: Senior clinical leadership after a serious incident

2.2 Actions and Activities for Workplace Compassion Case Study. Northumberland, Tyne and Wear NHS Foundation Trust: Making it easy to speak about things that matter

2.3 Actions and Activities for Workplace Compassion Case Study. North West Ambulance Service NHS Trust: Investing in peer support for staff wellbeing

2.4 Actions and Activities for Workplace Compassion Case Study. Academy of Fabulous Stuff CIC and Lincolnshire Community Health Services NHS Trust (LCHS) : When staff feedback is fab

2.5 Actions and Activities for Workplace Compassion slideset

2.6 Taking stock of actions and activities that support workplace compassion: What do we do now that's good? (or, "not throwing out the baby with the bathwater")

2.7 Tackling giants: Barriers to making a change to achieve workplace compassion

2.8 Actions and Activities to Support Workplace Compassion Action Planning Exercise (or, "even Baldrick had a plan")

2.1 Actions and Activities for Workplace Compassion Case Study

Imperial College Healthcare NHS Trust:

Senior clinical leadership after a serious incident

Summary

As a team, we have worked hard to improve the ways we feed back to staff after a serious incident. We have a multi-pronged approach that includes:

- personal feedback to individuals

- a dedicated grand round slot in paediatrics to feed back on the serious incident and learn from the case

- a paediatric focussed Schwartz Round (with plans to hold more) to provide a safe space for staff to talk about the impact of being part of a serious incident.

This facilitated conversation between staff including nurses, junior doctors and other staff members who normally would not feel able to talk about their experience because of worry and fear about what happened. I told the story of a serious incident for the NHS England DNA of Care Digital Storytelling project, describing how the incident affected myself and our team.

This story 'pieces' can be found here:

http://www.patientvoices.org.uk/ flv/ 1039pv384.htm

We have used this story in the Trust to facilitate discussion and open up communication about a very difficult issue.

What we did

As a senior clinician, I am passionate about advocating for members of the wider team, who may not have a voice and may be disadvantaged because of this. I speak up. I contribute to events that help learning, understanding and better communication (such as being a panel member on a recent Schwartz Round and an upcoming one on the topic of 'burn-out'). My 'Pieces' story helps staff to talk about difficult issues. We have now started sessions in our department, specifically focusing on being compassionate with ourselves and each other - a project we hope to roll out through our Trust.

Why we made this change

In medicine, as a doctor for my patients, but also as a lead consultant, I am passionate about having open, honest and good relationships within our multidisciplinary team. Increasing pressure on NHS staff, NHS space and increased reporting rules were affecting how we talked and behaved towards each other. We were not talking well about serious incidents and we were not talking well about difficult issues. Empathy at work for each other has diminished since I went into medicine. I try to make things better where I can.

How we did it

'Address the obvious' has been my motto from childhood. The DNA of Care Project opened my eyes to how common distress and poor communication are. I started by using my own stories to facilitate conversations and rapidly found other passionate senior nurses and clinicians to produce a snowball effect. Together, we organised the Schwartz Rounds, are working specifically on compassion with smaller groups and have struck up a tighter relationship with our in-house counselling service to support distressed individuals. It has become easier to "address the obvious".

What we hoped would change

I wanted us to feel more comfortable about talking to each other when things are tough.

I do not want anybody to ever feel exhausted, distressed, burned out - and then also isolated, because they don't feel they can speak up.

I hoped for:

- open, safe and compassionate conversations between us

- compassionate senior staff members to support junior colleagues

- compassion across staff boundaries (i.e. to facilitate conversations between e.g. doctors and nurses, nurses and managers, etc.)

- our institution to be a kinder, happier place in the long run.

What changed

We talk more openly and it allows empathy to be expressed (and probably people give themselves permission to feel it again). More consideration and compassion is spreading through all types of meetings and conversations. There are now regular sessions, to allow safe spaces for this (although physical space to do this remains a very real problem). Relationships between clinical and non-clinical staff are improving. There is simply better recognition that we have to look after each other.

What we are doing next

I will continue to work with my colleagues on creating safe spaces to talk about difficult, often 'hidden' issues. e.g. burn-out being the next one. I will apply for a grant to help promote staff compassion with the aim to create in-house staff stories with a dedicated story-bringer to continue the compassion roll-out across our various hospital sites.

Alongside this, I will continue work on my "Terrific Teens & Fabulous Families" project, giving patients and families affected by chronic conditions a voice - and getting their stories out there to engender compassion in society.

For further information contact:

**Claudia Gore
(cgore@nhs.net)**

2.2 Actions and Activities for Workplace Compassion Case Study

Northumberland, Tyne and Wear NHS Foundation Trust:

Making it easy to speak about things that matter

Summary

In early 2015, to improve staff engagement, we set up a Trust wide initiative know as Speak Easy. Speak Easy is a place where we can: get together to talk about things that matter; listen to each other, hear each other and learn from each other; talk about what we do well; talk about what might need to change; talk about what we might do to help us move forwards, together. It is not a substitute for talking about issues regularly and routinely in teams, but rather a forum where we can look at the big picture across the Trust. In the spirit of collective leadership it enables and facilitates local solutions to issues rather than a top down approach.

We have now had eight rounds of Speak Easy over the past two years and management of Speak Easy has moved from the centre of the organisation to be devolved to and run within the localities. Whilst a Trust Wide theme might be discussed - for instance the health and wellbeing of staff - each of the three localities approached the issue in different ways.

What we did

The Executive Team are passionate about their commitment to improving staff engagement, supported by solid evidence that says that when we are valued, listened to and respected, we are more effective, healthier, productive and less likely to make errors.

Historically, we have not always got this right, which led to new thinking about how we might go about having local, honest conversations with staff. As an executive team we wanted to listen to staff. If anything can be done Trust wide to address issues that are raised then we will, but we also want to give others permission to fix what needs fixing, supporting and encouraging others to make decisions.

Why we made this change

We have wanted to improve our approach to staff engagement for some time. This was the start of a process that led the Trust from a culture where control was from the centre to one, two years on, that is flatter in its' structure, devolved from the centre, making decisions as close to our service users as possible. For this to happen, effective engagement was essential

How we did it

Meetings take place 3 times a year across the Trust. Meetings are two hours in duration and each one has a theme. Trust executives attend part of each meeting but in a listening role.

What we hoped would change

We wanted to hear how things are for staff and for teams. We wanted to ensure that the needs of service users are at the heart of how we make decisions. We wanted to hear about what we do well, to share our success stories and promote what we are good at doing, and we wanted to have honest, two-way, and sometimes uncomfortable conversations. We wanted to build mutual trust and respect.

What changed

For the past two years we have seen improvements in staff survey scores in the areas that have been the focus for discussions at the Speak Easy Events. Each Speak Easy event is written up and results are widely shared. The initiative has started to be used at local level to deal with local issues and it's widely recognised as an organisational development intervention within the Trust.

What we are doing next

The initiative will continue, though the focus continues to shift from the centre of the organisation to the localities. Speak Easy will continue to have a central theme but how that theme is explored will be locally determined.

For further information contact:

Mark Spybey (mark.Spybey@ntw.nhs.uk)

2.3 Actions and Activities for Workplace Compassion Case Study

North West Ambulance Service NHS Trust:

Investing in peer support for staff wellbeing

Summary

The Trust launched an 'Invest in Yourself' brand to raise awareness and encourage staff to tell us what we can do as a Trust to support staff with personal wellbeing. This has three workstreams of 'Happy,' 'Healthy' and 'Fit.' An 'Invest in Yourself' microsite was launched which is accessible for staff whilst they are out and about.

As part of the 'Invest in Yourself' brand a number of Health and Wellbeing initiatives were introduced. These included PTS (Patient Transport Service) Peer Support, Blue Light Champions, TRiM (Trauma Risk Management) and taking part in Global Challenge. PTS Peer Supporters and Blue Light Champions are networks led by operational staff (not management), who have a wealth of experience, both work-related and personal, who are keen to create a mentally healthy workplace for staff. In relation to Blue Light Champions, NWAS signed the MIND Blue Light pledge in January 2016 to show commitment in improving the mental health and wellbeing of staff.

TRiM is a score based assessment offered to staff by their peers, following traumatic exposure. NWAS also took part in the Global Challenge in 2017 which was aimed at staff getting healthier, feeling more energised, losing weight and being part of a team.

The overall aims of the Invest in Yourself brand together with the initiatives are to help to improve the Health and Wellbeing of staff and the culture that surrounds it by promoting, engaging and communicating innovatively and effectively with staff regarding Health and Wellbeing.

What we did

An 'Invest in Yourself' microsite was launched featuring facts, staff stories and information on support available to all staff. There is a specific page for all support networks within the Trust. For PTS Peer Support and Blue Light Champions, welcome packs were created to embed these Peer Support Networks.

Mental Health Awareness training was made mandatory for all managers and a pilot scheme to offer staff access to Cognitive Behavioural Therapy was trialled in addition to the counselling services that is available.
A Health and Wellbeing working group was also created to meet quarterly with a range of Trust representatives.

Why we made this change

NWAS already has support in place for staff, however due to the nature of the work and the fact that staff are so busy, staff do not always have the opportunity to access this support. Sometimes staff feel that they cannot speak to their manager and would find it much

easier to chat to a peer about their concerns whilst on shift. As Peer Supporters work amongst their colleagues, they are easily accessible and approachable. On the whole it was hoped that the Invest in Yourself brand would facilitate engagement and raise awareness of Health and Wellbeing across the Trust.

How we did it

'Invest in Yourself' was launched in August 2017 to create a unique brand and platform for Health and Wellbeing at NWAS. The concept was agreed and a microsite was launched as a way to communicate and engage effectively with staff. Training was important and peer support training for Blue Light Champions was undertaken. Both the Blue Light Champions and TRiM assessors attended 'train the trainer' courses to enable them to cascade the training to other staff.

A bespoke EOC Programme was launched in January 2018 for our Emergency Operations Centres with specialists in nutrition, personal resilience, trauma management and individual wellbeing techniques.

What we hoped would change

By having Peer Supporters available for staff to talk to it was hoped this would reduce sickness absence levels relating to stress and anxiety and make staff feel more supported during any difficulties they may be experiencing. It was hoped that the Peer Support Networks would help to reduce the stigma around mental health to create a mentally healthy workplace.

On the whole it is hoped that the 'Invest in Yourself' brand and initiatives would help to improve Health and Wellbeing of staff and provide an engagement tool which promotes a positive culture by helping staff to be 'Happy,' 'Healthy' and 'Fit.'

What changed

It is still a bit early to tell but verbal feedback suggests the 'Invest in Yourself' brand and initiatives have been positively received so far. Analysis and evaluation of the Peer Support Networks is ongoing and will be completed once the Networks are fully rolled out across the Trust.

What we are doing next

We will continue to build upon the 'Invest in Yourself' brand to keep it refreshed and up to date. We aim to implement and enhance support network options for all staff to ensure they remain relevant and staff are engaged with the 'Invest in Yourself' initiatives.

For further information contact:

Laura Dean (Laura.Dean@nwas.nhs.uk)

2.4 Actions and Activities for Workplace Compassion Case Study

Academy of Fabulous Stuff CIC and Lincolnshire Community Health Services NHS Trust (LCHS):

When staff feedback is fab

Summary

In 2017 The Academy of Fabulous Stuff CIC developed and launched the Fab-O-Meter (www.fab-o-meter.com), a real time means of measuring the morale of staff in health and social care. Based on an app, the Fab-O-Meter records how staff's morale has been during their shift using a green / amber / red system. Anonymised data from the app can be used by healthcare providers to understand how different cohorts of staff are feeling and take any subsequent actions that they see fit. Data can be viewed over time and trends over time can be analysed. Lincolnshire Community Health Services NHS Trust started using the Fab-O-Meter in November 2017.

What we did

People told the Academy that whilst the annual staff engagement survey is useful, it can take ages to manage and gives what is actually a historical picture of how staff feel. The Fab O Meter was created to provide up to date information about how staff feel that could be used as the basis for understanding factors that influence staff morale and to take action when needed. LCHS introduced the app in our services in Lincoln and already nearly half of all staff have used the app.

Why we made this change

Poor staff morale is often a precursor to poor standards of care. Equally, good morale generates high performance in organisational outcomes. The annual NHS staff gave us a 'point in time', but the data was often too slow for it to be meaningful and the complexity of information was often lost on staff. No system was available that could reliably and quickly measure staff morale and underpin Trust decision making.

From a strategic perspective, we chose to adopt the Fab-O-Meter as it really aligned with one of our organisational objectives of engaged, motivated, skilled, productive and supported workforce, and, importantly, modelled our organisational values of 'We Listen, We Care, We Act, We Improve'.

In addition, the ability to collect staff feedback through an app supported a drive to use technology more and go paperless. We have also been working with our LCHS Leaders to better understand what 'people' KPIs would be useful to support how they manage their teams and ultimately improve outcomes for patients. While we had the usual metrics of attendance, FFT, turnover, we were looking for a more meaningful metric of how staff were feeling.

How we did it

We were really keen that this change was going to be 'bottom up' and not 'top down'. We recruited 'Morale Innovators' by an invitation to all staff interested in joining a team to improve patient outcomes by improving staff morale. We had volunteers from admin staff, AHP, support workers, staff side reps, community staff, managers, leaders, corporate staff - starting with a group of 25-30 innovators. We then used this group to start to get the message out; we did some 'soft' launching, but formally launched during NHS Change Week in November. Among the things we did: our Innovators briefed our executive team and gained their buy-in, staff side briefed our Staff Side Consulting Forum, we used internal comms to get messages out, our CEO championed the plan in his weekly email, we developed posters and pull-up banners for our HQ and training rooms, we adopted it in our staff induction and mandatory training, we used our closed facebook site, set up a twitter account, briefed leaders through our leadership programme, and used our weekly staff comms.

All these ideas were developed and delivered by our innovators. One of the things we were absolutely passionate about was that morale was everyone's responsibility, not just the preserve of management, so we've recently released the Morale Dashboard to all 1700 staff so staff can see the organisation morale and department morale.

What we hoped would change

We wanted to make it easy for staff to reliably and safely convey their morale to Trust leadership. We also wanted Trust leadership to be able to both positively recognise excellence in morale and identify where challenges are present so that action could be taken.

What changed

LCHS has always believed that happy staff deliver better outcomes for patients. It's early days for us with the Fab-O-Meter which was launched just a few months ago. We already feel it gives us a much more dynamic way of knowing how our staff are feeling, so we can do something about it. Giving staff access to the Fab-O-Meter dashboard has helped shift the responsibility of morale from just being the preserve of management to everyone. The simplicity of the Fab-O-Meter app has been well received by staff and has supported a cultural shift of 'say it not think it'.

What we are doing next

Our Trust executive team are already starting to use Fab-o-Meter information in their respective areas and we plan to celebrate progress so far with a celebration event. We'll also be looking to start to case study what leaders are doing with the Fab-o-meter data. The long term aim is that the Fab-o-meter becomes business as usual and is a morale indicator that gets as much attention as our patient quality measures.

For further information contact:

For Academy of Fabulous Stuff Community Interest Company, Jon Wilks (jon@academyoffabulousstuff.net)

For Lincolnshire Community Health Services NHS Trust (LCHS), Dusty Millar (dusty.millar@lincs-chs.nhs.uk)

2.5 Actions and Activities for Workplace Compassion slide set

2.6 Taking stock of actions and activities that support workplace compassion:

What do we do now that's good? (or, "not throwing out the baby with the bathwater")

Before starting a spring clean, it's often a good idea to take a look in the cupboards, and do a stocktake of those things you want to keep and those things that you need to throw away. To make sure that you don't miss anything when you do your stocktake, you might find it useful to use the table shown here as a prompt. This is taken from a research study that used Twitter to identify the actions and activities that show workplace compassion.[7]

- Together, make a big list of all the things that currently go on in your workplace, big or small, that show workplace compassion. This is your 'Things to keep' list.

- Agree between you those things that you definitely want to keep and don't want to throw out in your spring clean. Put a * next to these.

- When you do this exercise, you might find that you also think about those things that go on in your workplace that do not support workplace compassion. On a separate piece of paper make a big list of 'Things to take to the tip'

Leadership and Management
Embedded organizational culture of caring for one another
Speaking openly to learn from mistakes
No blame/no bullying management
Inspiring leaders and collective leadership
Financial investment in staff
Recognize humanity and diversity

Values and Culture
Common purpose in a team
Feeling valued
Being heard
Engaged
Use of caring language

Personalized Policies and Procedures
Recognition of the emotional and physical impact of healthcare work
Recognition of nonwork personal context
Work/life balance is respected
Respecting the right to breaks
Being treated well when unwell

Activities and Actions
Small gestures of kindness
Provision of emotional support

7. Clyne W, Pezaro S, Deeny K, Kneafsey R Using Social Media to Generate and Collect Primary Data: The #ShowsWorkplaceCompassion Twitter Research Campaign JMIR Public Health Surveill 2018;4(2):e41. DOI: 10.2196/publichealth.7686

2.7 Tackling giants: Barriers to making a change to achieve workplace compassion

For this exercise you will need:

- A group(s) of willing participants
- A large piece of paper, as big as you can get, to either pin up on the wall or put in the centre of a table
- A selection of magazines to cut out images and words
- Scissors, glue sticks
- Lots of different pens/markers in a variety of colours
- Stickers, glitter, other arts supplies that you can access.

As a group, discuss the things that get in the way (the 'giants') of making changes at work to take action to achieve a more compassionate workplace. Find a way to represent these giants visually using the materials that you have assembled.

You have 40 minutes. Have fun!

2.8 Actions and activities to support workplace compassion
Action Planning Exercise (or, "even Baldrick had a plan")

We invite you to consider how you/the team can contribute to creating a compassionate workplace.

We suggest that you set yourself one goal; one plan that you/the team will carry out in a specific timeframe to work towards a more compassionate workplace.

We suggest you set yourself a SMARTER goal, using the table below as a guide. Don't neglect the last two components; make sure that you choose an enjoyable goal that you reward yourself for achieving.

It's often the case that we are more likely to achieve goals that we have voiced and shared with other people, so you might want to consider telling one of your colleagues about what you plan to do next, or, if you are planning this as a team, tell another team what you are planning.

Element	Question to ask yourself
Specific	Am I clear exactly what my goal is?
Measurable	How will I know when I have completed my goal? What does it look like?
Achievable	Can I really, currently achieve the task? (Don't set yourself up to fail!)
Relevant	Is the goal important to you?
Time-bound	When do I achieve my goal?
Enjoyable	Is my goal enjoyable?
Reward	What reward will I give myself when I am successful?

Action Plan for workplace compassion

Our/my goal is

....

....

....

....

(Remember to be specific e.g. say thank you to at least one colleague a day)

Frequency

I/we will do this every

....

(Remember your goal needs to be measurable e.g. 4 times in the week, twice a day)

When

I/we will do this when

....

(e.g. every day, Tuesday and Friday)

Barriers

I/we might experience these barriers:

....

....

(e.g. lack of time, lack of motivation)

How confident are you that you will complete your SMARTER goal? Circle a number.

Not at all   Very

  0   1   2   3   4   5   6   7   8   9   10

Achieving Your Goal: Now let's think about ways to help you achieve your goal.

Overcoming Barriers

To overcome the barriers listed above I/we will

....

....

....

....

....

(e.g. put aside specific time to do this, set a reminder alarm on your phone)

Enablers

Things that will help me/us to achieve this goal are

....

....

....

....

....

(e.g. tell a colleague about your goal and ask them to encourage you, ask a colleague you think has good skills in this area to help you)

Reward

As a reward, when I/we achieve our goal I/we will

....

....

....

....

....

Now how confident are you of achieving your goal?

Has thinking about ways you can increase success and planning a reward helped with this? Circle a number below.

Not at all   Very

0   1   2   3   4   5   6   7   8   9   10

Leadership and management for workplace compassion resource materials

Element 3: leadership and management

3.1 Leadership for Workplace Compassion Case Study: Leading a new directorate's culture, building in workplace compassion: Imperial College Healthcare NHS Trust

3.2 Experience of Care: Patients and Staff Together Introductory Workshop Agenda template

3.3 Experience of Care: Patients and Staff Together Introductory Workshop Powerpoint slide set

3.4 Experience of Care: Patients and Staff Together Workshop Case Studies

3.5 Experience of Care: Patients and Staff Together Improvement Planning Workshop Agenda template for participants

3.6 Experience of Care: Patients and Staff Together Improvement Planning Workshop Annotated agenda for facilitators

3.7 Experience of Care: Patients and Staff Together Workshop Feedback Form

3.1 Leadership and Management for Workplace Compassion Case Study

Imperial College Healthcare NHS Trust:

Leading a new directorate's culture, building in workplace compassion

Summary

The senior leadership team of a new directorate were keen to meet as many staff as possible during the first year of operation. We invited groups of 10 front line and managerial therapy and discharge staff to "tea & biscuits" sessions with one of the members of the leadership team on a rolling 6 week basis. The sessions are based on the theory of 'commensality' (eating together) as there is good evidence that this builds a sense of trust and belonging in a team.

What we did

The groups of 10 were carefully selected to ensure a mix of grades, professions and clinical specialties. The objectives were to: 1) give staff and the leadership team an opportunity to get to know each other as individuals, 2) give staff the opportunity to get to know colleagues they don't usually work with, 3) provide a safe, informal space to share ideas, good news, questions or concerns. Over 12 months, nearly 100 staff (30% of the directorate) have had the opportunity to participate and a number of concrete changes in practice have occurred as a result.

Why we made this change

As a new directorate with over 300 staff from AfC band 2 to 9, and spanning a range of AHP, nursing and medical groups, the leadership team wanted to quickly embed a culture of openness, communication and personal connection.

We are also aware that access to and visibility of the leadership team is a direct driver of staff engagement and a sense of connection to their work.

How we did it

Groups of 10 were carefully selected to ensure a mix of grades, professions and clinical specialties. Attendance is voluntary, but managers cascaded the message that staff were encouraged to prioritise these sessions. Hot drinks and biscuits were provided and on some occasions, staff bought in homemade cakes to share with colleagues. There is no defined topic for discussion as the goal is to create an open forum where front line staff drive the agenda. Over the months a wide range of topics have come up, from changes in the executive team to physical working conditions in some office areas.

What we hoped would change

Staff feeling personally connected to each other and to the directorate team; staff feeling listened to and positive about the team culture of the directorate; staff feeling valued, understood and connected to the Trust's goals and direction of travel.
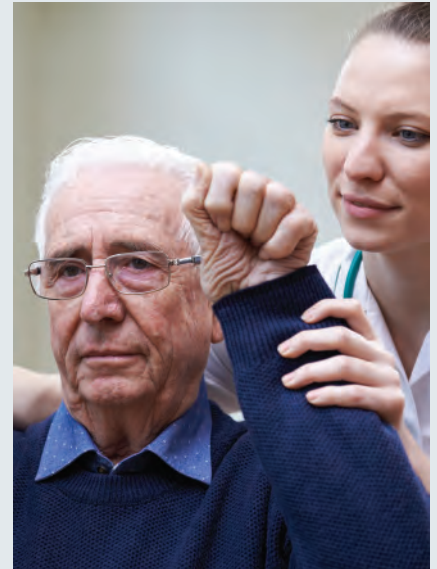
What changed

Regular access to the directorate leadership team has contributed to improved staff engagement as evidenced by our staff survey results. Staff report feeling able to raise concerns, ask questions and celebrate success in an appropriate forum.

What we are doing next

We will continue "tea & biscuits" sessions with the rest of the directorate staff until all

300+ have received an invitation. We will consider moving towards more thematic sessions as consistent themes start to arise e.g. joy in work, personal development, work/life balance, team building plans.

For further information contact:

Anna Bokobza (anna.bokobza@nhs.net)

3.2 Experience of Care: Patients and Staff Together

Workshop Agenda Template

Experience of Care: Patients and Staff Together

NHS

Introductory Workshop

Date

Venue

Agenda

09.30	**Arrival, registration and coffee**
	Introduction and welcome
	Icebreaker
	Plan for the day
10.00	The relationship between staff and patient experience: presentation and table discussion
11:15	**Break**
11.30	Case studies (small group work followed by whole group discussion)
12.15	Experience of Care: Patients and Staff Together takeaway
13.00	Next steps and thank you
13.15	**Workshop close**

3.3 Experience of Care: Patients and Staff Together Power Point Slide set
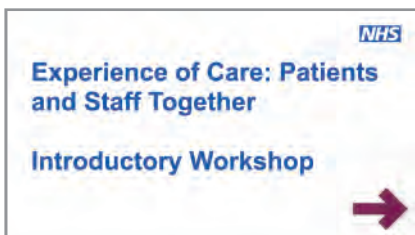
3.4 Experience of Care: Patients and Staff Together Workshop Case Studies

Experience of Care: Patients and Staff Together Case Studies

These light-hearted case studies, featuring 3 fictitious NHS Trusts, can be used to stimulate group discussion about the ways in NHS provider organisations can plan and improve the experience of care for patients and workforce together. Discussion should consider ways in which the Trusts can maintain and/or improve experience of care for all, patients and staff, avoiding any negative 'unintended consequences' for the experience of care of either group.

The 3 case studies are:

A **Patients First Acute Trust**

B **Reconfigurations R Us Trust**

C **"Outstanding" Trust**

Group task for each case study:

1. Discuss the extent to which the Trusts are currently delivering compassion for all and the potential challenges and opportunities that lie ahead

2. Agree a strategy to improve the experience of care for patients and staff together

3. Agree actions to improve the experience of care for patients and staff together

Case A: 'Patients First Acute Trust'

The organisation:

'Patients First' is a city-based Acute Trust with approximately 8,000 staff. It serves a diverse urban geography, includes a large hospital with a long, proud history and a reputation in some areas for national excellence.

It's a busy place to work and a busy place to be a patient. Like many other acute Trusts, Patients First strives to do more for patients, but waiting times are steadily rising, the financial position is 'challenging', staff sickness levels and staff recruitment continue to be a concern. Several improvement initiatives have taken place in recent years, always with the intention of putting the patient first, hence the name of the Trust.

Current situation:

The results of the recent NHS Staff Survey were described by a member of Patients First staff as 'horrendous'. The staff Friends and Family Test (FFT) tells a similar picture: Patients First scored 43% and 54% respectively for the Staff FFT questions about recommending their organisation as a place to work and recommending the organisation to friends and family in need of care/treatment, against a national average in the most recent quarter of 62% and 79%.

The Patient FFT results suggests a better picture but one that still includes plenty of room for improvement. The latest figures for A&E Patient FFT at Patients First show 68% of patients would recommend the service, against a national average for A&E of 85%.

Aims and aspirations:

Patients First have just initiated a consultation exercise about priorities and strategy. The Board genuinely want to hear from staff and patients about plans for the future. Given the latest feedback about A&E, the Board s particularly keen to hear suggestions about the A&E service.

Case B: Reconfigurations R Us Trust

The organisation:

This organisation has been through quite a number of changes of late and is now about to embark on a major reconfiguration. The short version of the re-structure is that services are about to be centralised in one location (maintaining several outlying services and sites but with a reduced range and scale of services at these sites). To achieve this, two separate NHS Trusts will merge into 1 large new Trust called 'Reconfigurations R US Trust'. The new Trust came into existence in earlier this year, and the majority of activity to centralise services will take place over the next 2 years.

Current situation:

The two pre-merger Trusts that together now comprise Reconfigurations R Us Trust generally have good reason to feel satisfied with the quality of care and service provided for patients and their families, and proud of how their staff feel about their employer. By and large, both organisations have scored either in the top or the second quartile on a range of performance indicators for patient and staff well being. However, one of the pre-merger Trusts has always consistently scored more highly than the other for both patient and staff welfare.

Aims and aspirations:

The aim of the new management of Reconfigurations R Us is for patients to receive a seamless service during all the changes that have taken place and are planned. There is an expectation that the Trust's standing on some indicators and league tables may experience a short, slight fall. The hope is that any dip in performance is short and shallow.

Case C: "Outstanding" Trust

The organisation:

"Outstanding" Trust is a successful Trust, where patients speak of the excellent care they receive and staff feel proud to tell others that they work at "Outstanding" Trust. It is not uncommon for staff that leave the Trust to return to work there again later in their careers.

Current situation:

"Outstanding" Trust has all the challenges, including financial challenges, you would expect of a busy, urban Trust with several acute sector hospitals and a number of specialist services. CQC recently rated the Trust as 'good' and the care it provides as 'outstanding'. In addition CQC noted that the Trust had several areas of outstanding practice including 'engagement of staff in a culture of improvement and compassionate care.'

Aims and aspirations:

"Outstanding" Trust is delighted with the recognition it has received for the service it provides to patients and the support it gives to staff. "Outstanding" Trust wants not only to maintain current performance but to improve on it.

3.5 Experience of Care: Patients and Staff Together Improvement Planning Workshop Agenda template for participants

Experience of Care: Patients and Staff Together

Improvement Planning Workshop

Date

Venue

Agenda

09.30	**Arrival, registration and coffee**
	Introduction and welcome
	Icebreaker
	Plan for the day
09.50	Refreshing Patients and Staff Together (aka "What are we all here for again?!")
10:20	Defining our focus
11.20	Where are we and where do we want to be
12.15	**Break (45 minutes)**
13.00	Ideas generation: options for improvement
14.00	Finalising our action plan
14.45	Checking roles, responsibilities, timelines, next steps
15.15	**Workshop close**

3.6 Experience of Care: Patients and Staff Together Improvement Planning Workshop Annotated agenda for facilitators Experience of Care: Patients and Staff Together

Improvement Planning Workshop

Date

Venue

Annotated Agenda
(annotations in bold)

09.30   Arrival, registration and coffee

        Introduction and welcome

        Icebreaker

If you have a different audience from the introductory workshop then you might want to use the gratitude icebreaker again. Alternatively, use an icebreaker of your own.

        Plan for the day

09.50   Refreshing Patients and Staff Together (aka "What are we all here for again?!")

To refresh your audience, consider showing slides 7 and 8 (the infographics) and slides 13 and 14 ("Is there another way?" and "Experience of Care: Patients and Staff Together Improvement Approach in a slide").

10:20   Defining our focus

Use your usual improvement approach for generating a specific focus for improvement that everyone can agree upon and that can potentially be addressed within the time and resources you have available.

We have found a general discussion works well perhaps starting with known issues for the team concerned, or using any evaluation or experience data for the relevant service or team that is available. Examples of improvement topics and aims statements from our previous use of this approach include:

Improving an organisational complaints management system from a protracted and overly complicated process with multiple layers of sign-off and lengthy wait times for complainants, to an integrated 'Hearing Feedback' system able to respond to both positive and negative feedback. Quicker turnaround of responses to feedback with local level ownership and sign off, in order to achieve earlier and better resolution for patients and improved job satisfaction and ownership for staff.

"Our aim is a care plan that us up to date, proportionate, makes patients feel empowered, heard and involved. Staff feel empowered and that they have done their best."

Shifting towards the joint planning, timing, and operational delivery of the patient and staff Friends and Family Tests (FFT), that had previously been managed almost entirely separately. This included a specific aim of improving staff engagement through increasing participation in the staff FFT.

Improving two way communication between staff and senior leaders, by a specific date on a specific ward, where staff had self-identified a need to improve staff experience in order to reduce the potential risk of reduction in quality of patient care.

11.20   Where are we and where do we want to be

In this part of the day, develop consensus about the size and scale of the 'problem', using performance data where available. Discuss what kind and scale of change you are aiming for with your improvement activity. Begin to consider what existing data or evidence you could use to track change, or plan and discuss new data collection if necessary, and how you will know that change has occurred. You will likely need to revisit this when you develop your action plan.

12.15   Break (45 minutes)

13.00   Ideas generation: options for improvement

Use your standard improvement approach for exploring the options that are available for making a change. We have found fishbone plans to be useful for identifying the root causes of the issue in order to then generate specific options for change. Throughout (as with all aspects of the discussion in this workshop) ensure you refocus participants on considering both patients and staff experience together, and the impact that each has on the other. By the end of this session, you need to have:

- **a specific idea for an improvement initiative**

- **understand why you would make such a change**

- **understand how the change is intended to impact staff and patient experience**

- **have consensus within the Together Team for the initiative.**

14.00   Finalising our
          action plan

With the remainder of the time available, draw up an action plan; a list of the specific tasks that are needed in order to deliver your initiative and achieve your aim. We recommend you include some form of measurement (using existing data and resources where possible) so that you know whether any change has occurred. If you are using a PDSA approach you will likely plan just the first PDSA cycle at this point.

14.45   Checking roles,
          responsibilities,
          timelines, next steps

Make sure you ensure all tasks have been assigned to a person before everyone leaves! If the co-ordinator of the initiative is not going to be you, make sure someone is assigned a co-ordination role. Make a plan for how you will all communicate and/or meet again to review your activity.

15.15   Workshop close

3.7 Experience of Care: Patients and Staff Together feedback form

This survey concerns your experiences of using the Experience of Care: Patients and Staff Together improvement approach

For each question, we would like you to mark the corresponding box that best represents your response. There are no right or wrong answers. It is your opinion we are interested in. You might also like to write a few words about your answer in the text boxes provided.

Please begin when you are ready.

Statement	Please mark the response that best represents your opinion				
How useful did you find it to use the Experience of Care: Patients and Staff Together improvement approach when planning and conducting improvement activity?	Very useful	Useful	Moderately useful	Slightly useful	Not useful
Why did you choose this response?					
How important do you believe it is to follow a specific model for improvement (like the Experience of Care: Patients and Staff Together) when planning and conducting improvement activity?	Very important	Important	Moderately important	Slightly important	Not important
Why did you choose this response?					
How important do you now believe it is to link staff experience and patient experience when planning and conducting improvement activity?	Very important	Important	Moderately important	Slightly important	Not important
Why did you choose this response?					

Statement	Please mark the response that best represents your opinion				
How important was it to use a collaborative 'anti-silo' approach to planning and conducting improvement activity?	Very important	Important	Moderately important	Slightly important	Not important
Why did you choose this response?					
How important was it to measure and collect data when planning and conducting your improvement activity?	Very important	Important	Moderately important	Slightly important	Not important
Why did you choose this response?					
Using the Experience of Care: Patients and Staff Together approach influenced the aim of our improvement activity.	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Why did you choose this response?					
Using the Experience of Care: Patients and Staff Together improvement approach influenced the actions of our improvement activity.	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Why did you choose this response?					

Statement	Please mark the response that best represents your opinion				
Using the Experience of Care: Patients and Staff Together improvement approach influenced the effectiveness of our improvement activity	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

Why did you choose this response?

Statement					
How likely are you to use the Experience of Care: Patients and Staff Together improvement approach again?	Very likely	Likely	Somewhat likely	Unlikely	Very unlikely

Why did you choose this response?

Can you describe what actions you have taken using the Experience of Care: Patients and Staff Together improvement approach?

What (if anything) has changed as a result of these actions?

What did you find most challenging about using the Experience of Care: Patients and Staff Together and why?

What did you find most useful about using the Experience of Care: Patients and Staff Together and why?

What future actions (if any) do you plan to take?

What (if anything) would you do differently next time you are planning or conducting new activities?

What (if anything) has changed as a result of taking this collaborative 'anti silo' approach?

Policies and procedures for workplace compassion resources
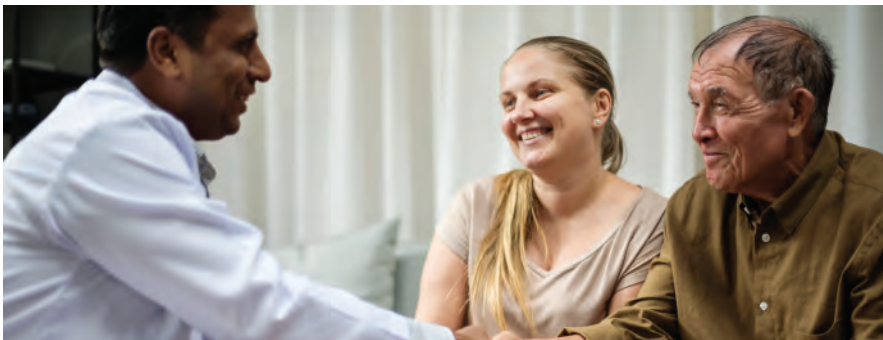
Element 4: policies and procedures

4.1 Policies and Procedures for Workplace Compassion Case Study. Surrey and Sussex Healthcare NHS Trust: The daily emergency call safety huddle

4.2 Policies and Procedures for Workplace Compassion Case Study. NHS England and NHS Improvement Employee Volunteering Policy: A policy you can volunteer for

4.3 Workplace compassion as a business model
https://www.youtube.com/watch?v=qQNC1GtJ0RM

4.4 Policies and procedures for workplace compassion slide set

4.1 Policies and Procedures for Workplace Compassion Case Study

Surrey and Sussex Healthcare NHS Trust:

The daily emergency call safety huddle

Summary

We introduced daily Emergency Call Safety huddles in October 2016. The on call bleep holding team who respond to the hospital's medical emergencies and cardiac arrests now meet every morning. This team is multi-disciplinary and includes a critical care outreach nurse, medical registrar, FY1 and 2, resuscitation officer, coronary care nurse, anaesthetist and operating department practitioner. Once a time and venue had been agreed for the daily huddle, we used the hospital communications team to share the information. We arranged for the hospital switch board to put out a reminder bleep every morning five minutes before the huddle is due to take place.

We initiated the huddles because we wanted to improve patient safety, improve team dynamics and leadership and make the team responding to the hospital emergencies as effective and efficient as possible. Prior to introducing the safety huddles, the first time the team met was at the bedside of a deteriorating patient. It was often unclear as to who was who, who was running the emergency and what our roles were.

All members of the emergency call team have noticed an improvement in communication and leadership, and a reduction in staff stress. A qualitative study showed that the huddle is viewed as an integral and very positive component of the on-call shift. Doctors like that their roles are clearly defined, and that they know who they are going to be working with in advance should an emergency occur. They felt it helped alleviate stress by allowing them to plan for emergencies in advance.

What we did

We use a standard work proforma so the huddle runs the same each day. We start by introducing ourselves to each other. We then allocate roles (e.g. who will lead the emergency, who will do bloods, who will document, who will defibrillate etc.). We then discuss any training requirements (e.g. FY2 needing to lead an emergency with support from medical registrar, anyone need Intra osseous insertion practise etc). Finally we discuss any themes for the week/lessons learnt. The safety huddle takes no longer than ten minutes.

Why we made this change

The multi-disciplinary on call emergency team membership changes every day and every night. There is a 400 million: 1 chance of exactly the same team ever working together again. In the past the first time the emergency response team would meet was at the bed side of a rapidly deteriorating patient. We would not always

know who each other are, each other's capabilities, roles, or even who was leading the emergency. Now, all this is planned in advance at our ten minutes huddle each morning. We are a lot more efficient, effective and there is better leadership and communication. Staff stress has been reduced too. This will improve patient safety, patient experience and staff experience.

How we did it

Firstly we got agreement that 'another meeting/ huddle' would be of benefit to all concerned. Getting the key stake holders on board was vital. Luckily, we were at the point where we were looking to make changes to our medical handover, so this tied in nicely. A huddle proforma was agreed as to how the ten minutes meeting would run. The Kent Surrey and Sussex AHSN had supported this initiative at another local hospital, and put details on their website as a good quality improvement initiative, so we followed that. The meeting is led by the critical care outreach team as they are the one regular member of the team (doctors' change throughout the year, resuscitation officers are often teaching, etc.)

What we hoped would change

We wanted the relationship between the multi-disciplinary on call emergency team members to improve. We wanted the team to be more efficient and effective. Ultimately we wanted patient safety to improve.

What changed

A qualitative study has shown that we have reduced staff stress (particularly for the junior doctors who were unclear of their roles in an emergency), improved team dynamics, communication and

leadership. We work better as a team. We always know who is leading the emergency. We now have a designated lead for a second/simultaneous emergency. The junior doctors report feeling less stressed when attending an emergency, as they know what their role is and what's expected of them. The medical registrars report less stress as they know who else will be attending the emergencies and that the roles have already been allocated in advance. If one of the team doesn't turn up for the 10 minutes meeting, this is picked up very early in the day and managed.

What we are doing next

We plan to introduce this into our hospital at night meeting. We also plan to introduce hot debriefing following emergency

calls. Together with the critical care outreach nurse from the other local hospital (Brighton and Sussex University Hospital) we have presented the huddle at the Resuscitation Council (UK) annual scientific symposium to help raise the profile of the success of the changes we have put in place. We would like the Resuscitation Council to recognise this huddle in their guidelines as good practice. It really is such a quick, easy, free initiative that has such positive effects on team working and staff experience.

For further information contact

**Claire Rowley
(claire.rowley@sash.nhs.uk)**

4.2 Policies and Procedures for Workplace Compassion Case Study

NHS England and NHS Improvement Employee Volunteering Policy:

A policy you can volunteer for

Summary

NHS England and NHS Improvement has an Employee Volunteering Policy, which allows all colleagues up to five days paid leave per year to volunteer for good causes. The policy is aligned to our aims and objectives, and Employee Volunteering activity complements what we are working to achieve as an organisation.

We know that volunteers experience a number of benefits: enjoyment, satisfaction and achievement, meeting people and making friends, broadening life experience, boosting confidence, reducing stress, improving physical health and learning new skills.

Our Employee Volunteering Policy is one of the ways NHS England and NHS Improvement promotes positive staff experience. We want to enable colleagues to engage in activities that they enjoy, for organisations that they care about and contribute to the wider health and social care system and communities more generally. We also want to support them to develop skills that can contribute to career progression and gain satisfaction from working outside of their day job.

What we did

We developed a policy for all employees, which allows people up to five days paid Employee Volunteering leave each year. The policy gives a framework for people to use Employee Volunteering leave to support work in other organisations which complements the work of NHS England and NHS Improvement.

We have set up information pages on the intranet, where people can access:

The policy

Frequently Asked Questions

Links to volunteer databases

The intranet is also a place where employees can:

Record their Employee Volunteer Leave

Read and share case studies

Give their feedback on their Employee Volunteering experience.

Why we made this change

The Employee Volunteering Policy was in development right from the beginning of NHS England's inception. We recognise the value of volunteers to the NHS and wider health care system as well as the mutual benefit of employer-supported volunteering for staff and NHS England and NHS Improvement as an employer.

How we did it

Creating the Employee Volunteering Policy was a collaborative effort, bringing together colleagues across the organisation to develop a policy that was fit for purpose and easy to understand. Having a good representation from across the organisation also helped us make sure that we aligned the policy to our vision and values, and that we had the correct support mechanisms in place to make it as smooth as possible for colleagues to access Employee Volunteer leave and for us to monitor uptake and impact.

What we hoped would change

We wanted to implement the policy as soon as possible - not with any specific change in mind, but so that we started out with a culture that was supportive of employee volunteering and the benefits it can bring to employees, communities and NHS England and NHS Improvement.

What changed

Of the colleagues who used some or all of their Employee Volunteering leave:

53% say it helped them perform better in their job

37% say it made them better able to apply for more senior positions

93% said it gave them an awareness of wider social issues

82% said it gave them understanding of others/empathy

76% said it improved their communication

76% said it made them feel more motivated

73% said it improved team-working skills

64% said it improved job satisfaction

60% said it improved their self-confidence

53% said it improved their commitment to their employer

What we are doing next

We are looking at ways to expand uptake for Employee Volunteering by creating stronger links with the voluntary sector, creating toolkits for staff and making opportunities more visible to colleagues.

We intend to create more opportunities for staff to use Employee Volunteering leave to support wider determinants of health. These are particularly linked to global and national goals for Sustainable Development and will be included in our next Sustainable Development Management Plan.

For further information contact

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4.3 Workplace compassion as a business model video clip

▶ https://www.youtube.com/watch?v=qQNC1GtJ0RM

4.4 Policies and procedures for workplace compassion slide set

Author details and acknowledgements

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Element 4: Cherry Dale, Surrey and Sussex Healthcare NHS Trust, NHS England and NHS Improvement Employee Volunteering Team.

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