



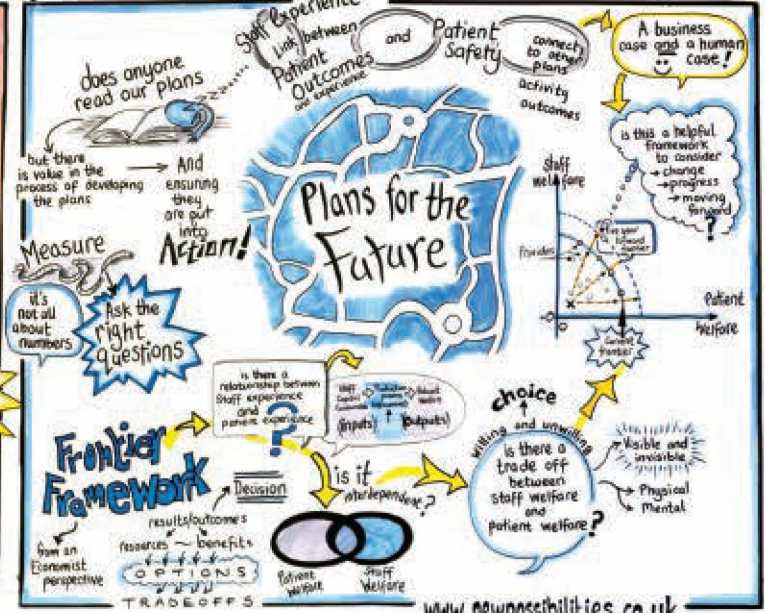
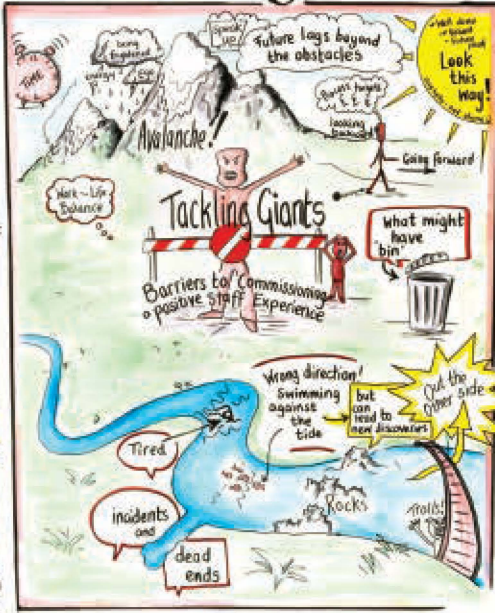
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Towards commissioning for workplace compassion: a support guide



September 2018
Publications Gateway
Ref No. 08058

Towards Commissioning for Compassion



Contents



Executive Summary	4	2.3 Broader perspectives on workplace compassion	17	3.3 Strategic planning for workplace compassion	24
Foreword	6	2.4 Barriers to commissioning for workplace compassion	20	4. Delivering workplace compassion	26
1. Introduction	9	2.5 Is commissioning for workplace compassion possible?	20	4.1 Culture and values for workplace compassion	27
1.1 Background		2.6 Lessons learned	21	4.2 Activities & actions for workplace compassion	35
1.2 What we mean by workplace compassion	12	3 The commissioning cycle for workplace compassion	22	4.3 Leadership and management for workplace compassion	41
1.3 Why workplace compassion matters	14	3.1 Procuring and contracting for workplace compassion	24	4.4 Personalised policies and procedures for workplace compassion	43
1.4 Developing this guide	14	3.2 Monitoring and evaluating workplace compassion	24	4.5 Lessons for commissioners	48
2 The characteristics of workplace compassion	16				
2.1 When workplace compassion is missing	16				
2.2 What does workplace compassion feel like to commissioners?	16				



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

Executive Summary

Background

- Compassion is usually 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, it can also be emotionally, physically and mentally demanding for staff.
- We need to move towards a NHS culture of compassion for all, within which patients experience compassionate care and staff experience compassionate workplaces; where there are positive experiences of care for all whether they are delivering or receiving care.
- Workplace compassion is evidenced in the interactions between people in the workplace, the manner in which people interact with each other at work, (and the associated expectations of, and responses to, that interaction) and the culture this gives rise to. Workplace compassion is experienced by staff as a result of the thoughtful, caring, and empathetic actions of others.
- Workplace compassion matters because we know that:
 - the experience of staff in healthcare organisations is linked to the quality of care provided to patients.
 - staff need to be 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.
- This document includes evidence-informed guidance and good practice for commissioners and for providers to support them in achieving compassion in the workplace and so create an NHS culture of compassion for all.
- Commissioners have a real opportunity to lead the way towards an NHS culture of compassion for all. Through their commissioning function, commissioners can direct healthcare organisations to take action that improves support for staff and staff wellbeing, setting the expectation of a compassionate workplace for staff, that, in turn, enables staff to care for the people served by the NHS.

The characteristics of workplace compassion

Research and insight activity about the characteristics of workplace compassion identified four domains:

- Culture and values
- Actions and activities



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

- Personalised policies and procedures
- Leadership and management.

We found:

- Commissioners know what a compassionate workplace looks and feels like, and understand the benefits of a positive staff experience for staff and for patients.
- Commissioners agreed it was highly important for staff to work in compassionate organisations and teams. and to commission healthcare services from providers that actively demonstrate workplace compassion.
- Some commissioners 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.
- Commissioners are aware of specific behaviours, values and initiatives that may be supportive or conducive to achieving workplace compassion, but felt though that these may 'reasonably' be sacrificed at times of pressure. For some, workplace compassion is still a case of 'nice to have' but not 'necessary to have'.
- Limited evidence of commissioning for compassion as a specific, purposeful commissioning activity.

- 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.
- 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. 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.

The commissioning cycle for workplace compassion

An adapted and re-modelled commissioning cycle focused on workplace compassion has been developed. It shows how the four domains of workplace compassion; culture and values, actions and activities, personalised policies and procedures, leadership and management, can be integrated into the commissioning cycle through procurement and contracting for workplace compassion, monitoring and evaluating for workplace compassion, and strategic planning.

Delivering workplace compassion

Using the case studies presented in this guide as inspiration, there are many, many ways in which healthcare organisations can move towards a NHS culture of compassion for all. Commissioners will want to support provider organisations to develop home-grown initiatives or bought-in services that work for them, that are supported and welcomed by their staff. Commissioners can support provider organisations by modelling good practice themselves, sharing examples of good practice, and celebrating successful initiatives to support compassionate workplaces. In addition to quantitative measures of performance from human resources and workforce dashboards, commissioners could request that providers supply qualitative case studies as a performance marker. Commissioners should expect to see workplace compassion activity operating across all levels of organisations, using contracts to ensure this is measured and monitored. Commissioners can discuss appropriate markers and indicators of workplace compassion with providers.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

Foreword



High quality patient experience cannot be achieved - ethically or sustainably - at the expense of staff. Many healthcare systems around the world are therefore 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.

In such an environment it makes even more sense to consider patient and staff experience as two sides of the same coin. 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 not surprising then, that there are increasing calls for the experiences of staff to be given higher priority across the health and care system with much more explicit attention and focus.

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 wellbeing.

To date within the NHS, compassion has usually been thought of in relation to its importance for patients. Yet our patient partners have also emphasized the importance of compassion in relation to our staff. 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, the nature of the work demands special attention to the importance and benefits of compassionate workplaces.

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.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion



The part of the healthcare system that has arguably been least discussed in the drive towards more compassionate workplaces, are commissioners. There are very many examples where commissioners have contributed to patient-centred, compassionate services and systems with a focus on making real and positive differences to the lives and experiences of the patients and communities they serve. Commissioners have also sought to use their influence to achieve greater focus on staff experience, although few examples have been written up and shared.

In beginning to respond to this apparent gap, NHS England has worked with Hope for the Community CIC and a number of commissioners to produce evidence-informed guidance and good practice for commissioners and for providers to support them in working together to create and sustain compassionate workplaces in a shared commitment to more dignified, caring and compassionate experiences of care for all.

In developing this guide to commissioning for workplace compassion, a number of research and insight activities were undertaken. I would like to offer my sincere thanks to all those who contributed so generously and thoughtfully to the development of this guide.

Thank you for sharing your perspectives and experiences of the opportunities and barriers to commissioning for workplace compassion along with activities and your practical examples about how to commission in this way.

This guide is not intended to be a single blueprint. Rather, we offer an adapted and re-modelled commissioning cycle focused on workplace compassion. Included also, are a series of case studies illustrating how people, teams and organisations have gone about making compassionate workplaces a reality. I sincerely hope that they will inspire you too to find and act on ways to achieve this in your own workplaces, within services that you provide and those you commission.

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Experience, Participation & Equalities Director
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Introduction

The characteristics of
workplace compassion

Commissioning cycle for
workplace compassion

Delivering
workplace compassion

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Disclaimer

This commissioning guidance contains advice and guidance to support clinicians, clinical leads, CCG and NHS England commissioning managers, Clinical Networks and Sustainability and Transformation Plan (STP) leads on the practical considerations in commissioning and supporting workplace compassion.

No person or organisation should act or refrain from acting as a result of any content in this document without first obtaining independent legal and other professional advice which is specific to which that person or organisation is representing. No responsibility for loss occasioned to any person or organisation acting or refraining from action as a result of any content in this document can be accepted by NHS England.

Acknowledgements

This guide was written by Dr Wendy Clyne and the Flourish team at Hope for the Community CIC. NHS England and Hope for the Community CIC would like to acknowledge the significant contribution made by the NHS staff, patients and Twitter users who participated in our research and insight activity to develop this guidance. Without their insight and feedback, this guidance would not have been possible. NHS England would like to acknowledge Drs Wendy Clyne, Sally Pezaro, Karen Deeny and Rosie Kneafsey, for undertaking the research described here. We are also grateful to Leigh Cunningham from Create Onsite for designing this document, New Possibilities for producing the graphic record, and Fresh@CU for producing the videos. We are also grateful to Cherry Dale and Birmingham South Central CCG for all their support. We have left a key mention of a member of the team to last. A special thank you to Sara Latham for co-ordinating and pulling everything together.

Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have given due regard:

To the need to eliminate discrimination, harassment and victimisation, to advance equality

of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

To the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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Introduction

The characteristics of
workplace compassion

Commissioning cycle for
workplace compassion

Delivering
workplace compassion

1.

Introduction



1.1 Background

Given the increasing pressures on health and care staff, with nearly 40% of NHS staff reporting feeling unwell due to stress (NHS staff survey, 2015), it is becoming 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... 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.”¹

In May 2016, NHS England launched Leading Change, Adding Value, a framework to support nursing, midwifery and care staff to take an active role in leading change in health services.

It included a commitment to staff, alongside commitments to support better experience for patients and the use of resources, which stated:

“We will actively respond to what matters most to our staff and colleagues.”

The framework acknowledges that better staff health and wellbeing is associated with improved outcomes and experience for patients but that working in health and social care can be demanding as well as rewarding, and so:

“We must show the same care and consideration to ourselves and our colleagues, as we do to those we serve... providing an appropriate culture, terms and conditions will mean we gain the most from our staff.”²

AHPs into Action is a national framework and programme of work focusing on the roles of the 14 Allied Health Professions in transforming health, care and wellbeing. The framework includes a commitment to care for those who care. It recognises that:

“Promoting a culture that improves the health and well being of employees is good management and leads to healthy and productive workplaces as evidenced in the NICE Healthy Workplace guidance NICE (2016) Workplace Health: management practices <https://www.nice.org.uk/guidance/ng13>.”³



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

As part of their dedicated doctors programme, the Royal College of Physicians has also considered the need for staff to experience care and compassion:

“Sustained compassion needs time and space to flourish and to safeguard against burn out. Doctors show significant compassion to our patients, but we also need to be shown compassion ourselves. Healthcare organisations must show compassion to their teams and staff - the NHS must develop a culture of compassion.”⁴

‘Developing People – Improving Care’ was created in 2017 by the 13 health and care organisations that form the National Improvement and Leadership Development Board. It is a national framework for action on developing staff providing NHS funded services. One of the four ‘critical capabilities’ for the system it highlights, is the need for compassionate, inclusive leadership at all levels:

“Compassionate leadership means paying attention to all the people you lead, understanding the situations they face, responding empathetically and taking thoughtful appropriate action to help.”⁵

The framework recognises that these leadership behaviours are critical if we are ‘to deliver cumulative performance improvements, and make health and care organisations great places to work’.



Recent calls for compassion for health and care staff have prompted the development of this document. Broader guidance for all employers to support employee physical health, mental health and wellbeing has been published recently, and we provide links to that guidance below. In this document, we place a sharper focus on compassion in the workplace.

Links to other resources

- [Guidance on workplace health for local authorities](#)
- [Guidance from NICE on healthy workplaces](#)
- [Toolkits for healthy workplaces from Business In The Community](#)
- [NHS Employers support for the NHS England healthy workforce programme](#)
- [Guidance to support the staff health and wellbeing CQUIN](#)
- [Thriving at work: The Stevenson/Farmer review of mental health and employers](#)

Compassion is usually associated with those served by the NHS, with health and care staff supporting and providing compassionate care to others. In addition to the push to support health and wellbeing of employees in the workplace for all employers, there are specific aspects of the nature of the work that health and care staff undertake, that makes compassion towards health and care employees particularly necessary.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

While many health and care staff gain satisfaction from the provision of compassionate care, it can also be emotionally, physically and mentally demanding for staff. Errors in health and care also take a toll on health and care staff in addition to the impact errors have on patients and their families. The term 'second victim' is sometimes used to describe the impact on the workforce when harm occurs to patients in the receipt of healthcare services. The Point of Care Foundation publication Behind Closed Doors stresses that:

“delivering high quality care is only possible if staff get the practical and emotional support they need... staff experience should be given equal priority to patient experience at all levels of the healthcare system.”⁶

Further, healthcare organisations have been labelled the third victim when organisations suffer loss and harm from errors that are not recognised and responded to effectively.

“Many errors are built into existing routines and devices, setting up the unwitting physician and patient for disaster. And, although patients are the first and obvious victims of medical mistakes, doctors are wounded by the same errors: they are the second victims... nurses, pharmacists, and other members of the health care team are also susceptible to error and vulnerable to its fallout.”⁹

“Given the hospital hierarchy, they have less latitude to deal with their mistakes: they often bear silent witness to mistakes and agonise over conflicting loyalties to patient, institution, and team. They too are victims.”⁷

“The 5 rights of caregivers, are human rights that our health care leaders must consider as an integral part of a fair and just culture when patients are harmed during the process of care. They may be remembered by the acronym, TRUST (Treatment that is just, Respect, Understanding and compassion, Supportive Care, and Transparency and the opportunity to contribute to learning). Not only must we bear in mind the sacred trust of our patients but we also must honour the sacred trust of our caregivers who serve in our hospitals and health care organisations.”⁸

“We propose the concept of the third victim. Even if we care for our individual staff and clinicians, our hospitals are social organisms that sustain collective harm in self-esteem and confidence. They need the healing salve of transparency and dedication to humble performance improvement. When we hide our systems failures and cover up the details of our fallibility and culpability, we infect the wound to our culture with distrust that may prove to be an overwhelming sepsis to our organisation. This is a moral issue that can either build the character of an organisation or irreparably damage it by our actions. The outcome must be shouldered by our leaders.”⁹

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Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion



NHS England has worked with Hope for the Community CIC to produce evidence-informed guidance and good practice for commissioners and for providers to support them in achieving compassion in the workplace and so create an NHS culture of compassion for all.

1.2 What we mean by workplace compassion

First, we want to review some concepts that are different from but related to workplace compassion, to more clearly identify exactly what we mean by workplace compassion.

Workplace health is a broad term that refers to 'promoting and managing the health and wellbeing of staff, and includes managing sickness absence and 'presenteeism' (a person physically at work, but unproductive). Workplace health interventions are activities undertaken within the workplace by an employer or others to address these issues; it also includes action to address health and safety risks.¹⁰

Workplace health initiatives aim to directly improve staff health and so also indirectly improve staff performance. Workplace health initiatives may also potentially enhance compassion in the workplace though that is not their primary purpose.

Employee experience has 3 distinct components:

- the organisational culture (the vibe, organisational structure, benefits)
- the technological environment (having the right tools for the job)
- the physical environment where staff work.

Staff experience for the NHS has been defined as 'the sum of all interactions, shaped by the culture of the organisation or system, that influence staff perceptions'.¹¹ Staff experience is a very broad term, covering everything from staff satisfaction, job design, to staff appraisal.

The Institute for Employment Studies (IES), defines staff engagement as 'a positive attitude held by the employee towards the organisation and its values. An engaged employee is aware of business context, and works with colleagues to improve performance within the job for the benefit of the organisation. The organisation must work to nurture, maintain and grow engagement, which requires a two-way relationship between employer and employee.'¹²

Employee engagement then, whilst related to the concept of workplace compassion, is different. The above definition focuses on engagement as an attitude held by the employee about the employer. Workplace compassion, instead, is evidenced in the interactions between people in the workplace, the manner in which people interact with each other at work, (and the associated expectations of, and responses to, that interaction) and the culture this gives rise to. Workplace compassion is experienced by staff as a result of the thoughtful, caring, and empathetic actions of others.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

Compassion is the combination of underpinning emotions (such as sympathy and empathy), with altruistic values, (particularly a desire to help others), which together motivate an individual to take action.¹³

Compassion in the workplace involves “connection” to others (either cognitively through perspective taking or affectively through empathy) and “caring” for those others (often in communicative or behavioural ways). Compassion involves a focus on the other and a desire for the other to have good things happen or to overcome adversity.¹⁴

Compassionate leadership in healthcare refers to leadership which is adaptive, shared, and distributed.¹⁵

Workplace compassion then is akin to compassionate leadership, in as much as it concerns interaction between staff. However, 'compassionate leadership' has top-down connotations, in which leaders give other staff 'permission' to take a lead and be involved and contribute to decision making. To experience a compassionate workplace, the workforce doesn't need to wait for permission to act compassionately towards each other. Of course, an organisation and its' leaders can make it harder or easier for staff to behave with kindness, thoughtfulness and empathy towards each other. But there is no need to wait for permission or for an appropriate policy to come along. **Everyone can take action now, today, to create a more compassionate workplace for themselves and for others.**

“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.”¹⁶

Exercise 1

Towards workplace compassion with six-word stories

Having considered the background to the need for this guide, this exercise invites you to relate the themes covered here to your own experiences.



The 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 story on the theme of workplace compassion.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering 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.

.....
.....

1.3 Why workplace compassion matters

It's tricky to tease apart the various components of staff engagement, staff experience, workplace compassion, workload, and pay and rewards, measure them, and then identify the precise impact of any one of these concepts and their component parts. What we do know, is the following:

- the experience of staff in healthcare organisations is linked to the quality of care provided to patients.¹⁷
- staff need to be cared for in order to care for patients.¹⁸

- 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.¹⁹
- healthcare organisations can take action that improves support for staff and staff wellbeing.²⁰

“Data from the National Staff Survey reveals that staff engagement trumps all other measures (staff satisfaction, leadership, HRM practices) as the best overall predictor of trust outcomes collectively. It predicts care quality and financial performance (based on CQC ratings), patient mortality (in the acute sector), patient satisfaction, and staff absenteeism, health and well being and stress (negative relationship).”²¹



[Click here for a link to our infographics 'Why caring for the people who care matters'.](#) These infographics can be printed, copied and distributed.

This guide looks a step further, and explores how positive staff experience, specifically workplace compassion, can be commissioned for staff in the same way that positive experiences for patients are part of commissioning of services for patients.

1.4 Developing this guide

We need to move towards a NHS culture of compassion for all, within which patients experience compassionate care and staff experience compassionate workplaces; where there are positive experiences of care for all whether they are delivering or receiving care. To support the development of this guide to commissioning for workplace compassion, we undertook a number of research and insight activities. This included:

- a focus group with NHS commissioners from across England attended by the broader NHS England team and a patient representative. The focus group explored their own personal experience of compassionate organisations and workplaces; their experience of supporting positive staff experience in their own organisations and teams, and in NHS service providers; and the drivers and barriers to commissioning for workplace compassion. A graphic facilitator captured the discussion. We have reproduced that graphic record on page 2 of this guide.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

- conducting interviews with commissioners in healthcare commissioning organisations and/or organisations that support commissioners. Interviews with 11 participants explored the characteristics of, and experiences of, creating and commissioning services from organisations to support positive staff experience; factors that helped or hindered commissioners to incorporate workplace compassion as a specific focus of their commissioning activity.
- a study to explore perceptions of the characteristics of workplace compassion using social media (Twitter) for recruitment of participants and for data collection. Taking place over one calendar month, we invited Twitter users to share with us their ideas about the characteristics of workplace compassion by completing the sentence ‘...#ShowsWorkplaceCompassion’. You can follow this research campaign at the study Twitter account @NHSStaffExp. This study enabled us to gather information from a wider range of people in addition to the information we collected specifically from commissioners.
- finally, we put out a consultation call requesting good practice examples that demonstrate workplace compassion. This appreciative inquiry approach helped us to keep focussed on what good staff experience and workplace compassion looks and feels like. As we consulted about staff experience and workplace compassion, we inevitably

came across instances of poor, even damaging, staff experiences in the healthcare workplace. We have utilised a strengths-based approach in our work and were delighted to find many instances of exemplary practice to support workplace compassion in the NHS. Some of these case studies are included in this guide. We hope they inspire you as they did us, to focus on, learn from and act on great practical examples of putting workplace compassion into action.

The next section of this guide covers our research about workplace compassion in more detail.

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Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

2.

The characteristics of workplace compassion



2.1 When workplace compassion is missing

The commissioners we interviewed all described examples of poor staff experience, when compassion in the workplace was absent. They cited episodes of bullying, poor organisational and team cultures, nurses being under too much pressure to be able to be compassionate, and unrealistic target driven expectations.

One participant noted that currently 'there is an expectation that staff should carry on regardless'. Another participant described the need to eliminate 'blaming and shaming' cultures where they exist within healthcare organisations.

Commissioners had also observed a reluctance to prioritise staff needs, engage in difficult conversations with staff and recognise the existence of 'second victims' in healthcare. Some commissioners felt that compassion towards staff was given 'lip service', seen as 'self indulgent' and 'not traditionally accepted'. More generally, participants expressed confusion about why healthcare organisations did not readily show compassion towards all, and saw this as being paradoxical for a health service.

2.2 What does workplace compassion feel like to commissioners?

Participants in the commissioners focus group could easily and readily articulate what workplace compassion looks like and feels like. 126 separate statements were generated by the focus group. You can see some examples overleaf.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

2.3 Broader perspectives on workplace compassion

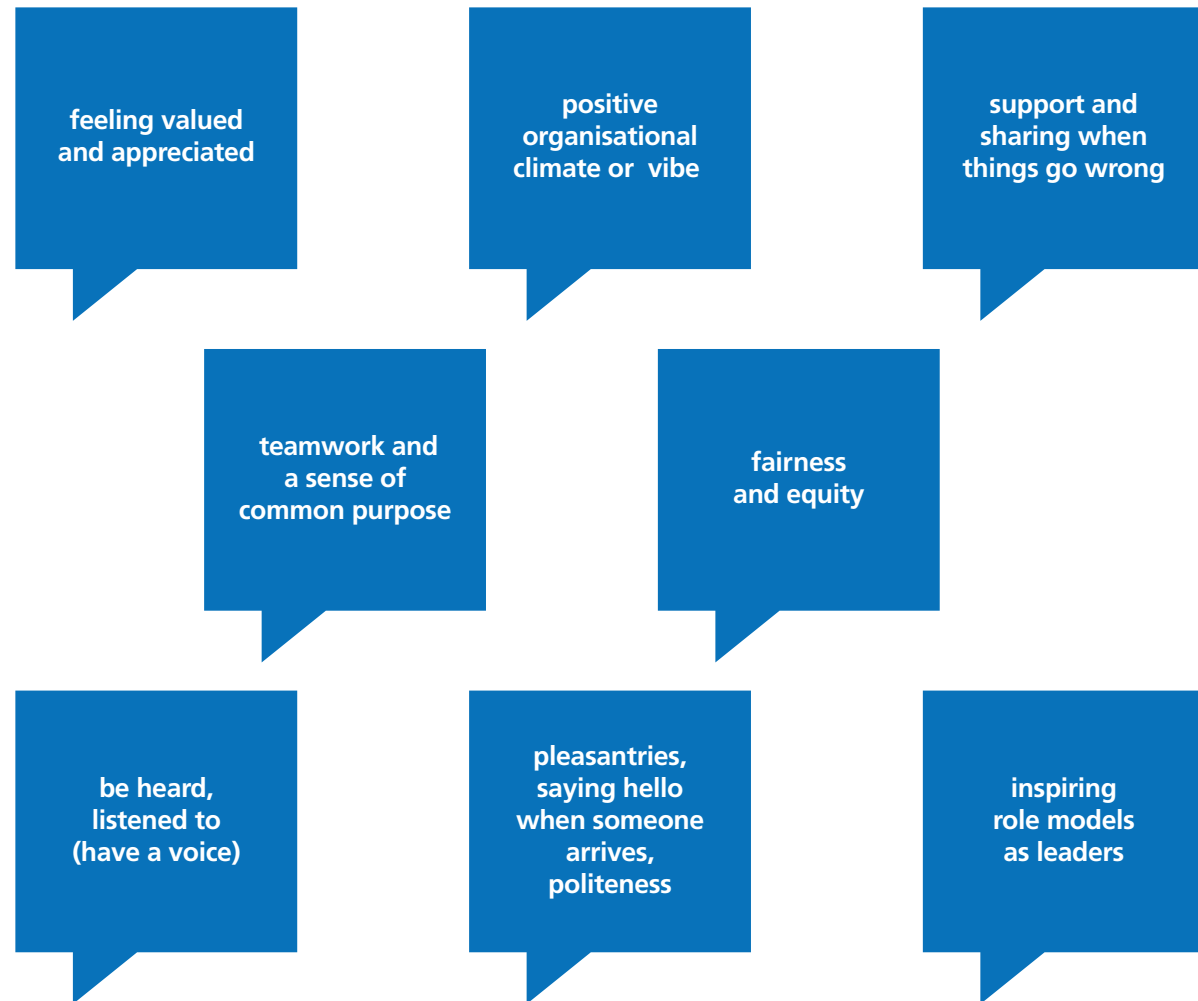
Our Twitter study gave a broader range of people the chance to describe the characteristics of workplace compassion in healthcare organisations. Over the course of a calendar month, the research campaign hashtag #ShowsWorkplaceCompassion had 6,037,026 impressions (tweets delivered to the Twitter streams of Twitter accounts) and we analysed 260 tweets in total about what people felt showed workplace compassion using the hashtag. We have grouped the characteristics of workplace compassion into 4 domains:

- Culture and values
- Actions and activities
- Personalised policies and procedures
- Leadership and management.

In sections 3 and 4 you can see how the 4 domains are incorporated into a commissioning cycle for workplace compassion.

22. Clyne W, Pezaro S, Deeny K, Kneafsey R. (2018) 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

Examples of commissioners descriptions of workplace compassion



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion



Example tweets about what #ShowsWorkplaceCompassion

Culture and values

clear values shared by all
#ShowsWorkplaceCompassion

proud to be part of a team
#ShowsWorkplaceCompassion

trusting me to do the right thing
#ShowsWorkplaceCompassion

nurturing good people by valuing, respecting,
rewarding them #ShowsWorkplaceCompassion

if [staff] feel heard & empowered they'll treat
others [the] same #ShowsWorkplaceCompassion

having fun at work important -
#ShowsWorkplaceCompassion

laughter... #ShowsWorkplaceCompassion

remember words can be weapons. A team that
avoids belittling language
#ShowsWorkplaceCompassion

"we" "us" "colleagues" "people" not "you"
"they" "staff" "human resources"
#ShowsWorkplaceCompassion

Activities and actions

asking how are you today especially to junior
staff and a smile goes a long way
#ShowsWorkplaceCompassion

a note telling me to stay strong and some flowers
#ShowsWorkplaceCompassion

Personalised policies and procedures

on the loss of his mum colleagues bought my
husband a tree to remember her
#ShowsWorkplaceCompassion

space and time for staff to listen and talk about
difficult emotions #ShowsWorkplaceCompassion

supporting colleagues through mental health
crisis and recognising that adverse behaviour is
not misconduct #ShowsWorkplaceCompassion

recognising what matters to one another
#ShowsWorkplaceCompassion

Leadership and management

taking time to understand everyone's issues and
then pulling together
#ShowsWorkplaceCompassion

supporting staff to 'speak out safely'
#ShowsWorkplaceCompassion

learning from mistakes instead of punishing
#ShowsWorkplaceCompassion

regulation that engages with the reality not the
fantasy #ShowsWorkplaceCompassion

elimination of bullying and
bullies...#ShowsWorkplaceCompassion

no belittling of staff
#ShowsWorkplaceCompassion

leaders must role model positive behaviours and
values #ShowsWorkplaceCompassion

all staff living the values of compassion
#ShowsWorkplaceCompassion



Introduction

The characteristics of
workplace compassion

Commissioning cycle for
workplace compassion

Delivering
workplace compassion

Exercise 2

Towards workplace compassion: A practical step (print this page to fill it out)

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.

Step 1:

Think about your own workplace/a specific workplace that you commission services from.

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 staff respond 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 staff 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?

Tick box below

1. 2. 3. 4. 5.

1 = not at all close
5 = very close

Step 4:

Make a change.

What can YOU do, to be the change, THIS WEEK, to move your workplace / the workplace you commission closer to your ideal workplace?

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Introduction

The characteristics of
workplace compassion

Commissioning cycle for
workplace compassion

Delivering
workplace compassion

2.4 Barriers to commissioning for workplace compassion

Commissioners could readily describe the characteristics of positive staff experience; what it looked like and how it felt to work in a compassionate workplace. Commissioners were also familiar, in general terms, with the evidence that good staff experience correlates with good patient experience. However, many commissioners told us that commissioning for workplace compassion or for positive staff experiences did not feature as a significant part of their role and actions as a commissioner. Commissioners told us about a number of factors that prevented them from incorporating workplace compassion into their commissioning actions:

- Absence of incentives and drivers

Commissioners reported an absence of targets and other drivers for the commissioning organisation, beyond workplace health initiatives, to motivate them to consider actions to make workplace compassion an integral part of their commissioning function.

- Inability to leverage contracts

In turn, with very few exceptions, commissioners did not include targets or other drivers related to positive staff experience or workplace compassion, in their contractual arrangements with their provider organisations.

As actions to support positive staff experience rarely featured in the contracts, terms, and monitoring agreements that commissioners had with providers, commissioners were unable to effectively leverage these contracts to request or require action or assurance from providers.

“compassionate workplace is easy to say but difficult to deliver” (focus group participant)

- A ‘nice to have’

As a result, supporting providers to create a compassionate culture for their workforce, was considered ‘nice to have’ but not a priority, given pressures to deliver and achieve existing performance indicators and objectives. In a busy and demanding commissioning role, non-essential but ‘nice-to-have’ activities and assurances inevitably had to take a backseat. Commissioners felt they did not have the necessary ‘headspace’ or flexibilities to develop new initiatives to support positive staff experience.

- Not a priority at times of significant challenge

Finally, commissioners described the pressures and demands they experienced in their own working lives. At times of extra and significant challenge, commissioners considered patient safety, quality of care and treatment of paramount importance.

2.5 Is commissioning for workplace compassion possible?

The commissioners we interviewed all agreed that it was highly important for staff to work in a compassionate organisation. Participants unanimously agreed that it was important to commission services from a compassionate healthcare organisation. The potential of writing workplace compassion into contracts and service specifications was described as a ‘game changer’. Commissioners noted the potential limitations that might exist if providers were selected on the basis of workplace compassion indicators when there was a limited choice of providers. In that situation, supporting providers to value and develop workplace compassion would be important.

Commissioners told us that levels of workplace compassion were likely to be reflected in absentee rates, recruitment and retention data, indicators of burnout and wellbeing, and these measures could be used to inform and support commissioning decisions. Staff loyalty, productivity gains, opportunities for health promotion and a reduced health burden on society were also cited as important reasons to invest in positive staff experience and support workplace compassion.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

**“the most money is spent on staff, so this is where our investment should go”
(commissioner in interview)**

To achieve workplace compassion, provider values towards staff need to be more than just a tick box exercise. Commissioners wanted to see ‘action, not talk’ from provider organisations, using activities such as supervision, shadowing and buddying, away days, coaching/mentoring, and Schwarz rounds. Commissioners thought that providers would be motivated to achieve workplace compassion given drivers such as sickness, absence, and retention rates, and other indicators such as staff surveys and metrics covered by our infographics.

2.6 Lessons learned

- Commissioners that we spoke to know what a compassionate workplace looks and feels like, and understand the benefits of a positive staff experience for staff and for patients.
- Commissioners agreed it was highly important for staff to work in compassionate organisations and teams.
- Commissioners we spoke to agreed that it is important to commission healthcare services from providers that actively demonstrate workplace compassion.

- Some commissioners 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.
- Commissioners are aware of specific behaviours, values and initiatives that may be supportive or conducive to achieving workplace compassion, but felt though that these may ‘reasonably’ be sacrificed at times of pressure. For some, workplace compassion is still a case of ‘nice to have’ but not ‘necessary to have’.
- We found limited evidence of commissioning for compassion as a specific, purposeful commissioning activity.
- 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.
- 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.
- 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.



Introduction

The characteristics of
workplace compassion

Commissioning cycle for
workplace compassion

Delivering
workplace compassion

3.

The commissioning cycle for workplace compassion



Incorporating workplace compassion into the commissioning activities of a commissioning organisation or a commissioning function is itself a culture change for many commissioning organisations.



Workplace compassion as a business model for commissioners

[Click here for video link](#)

In this video Cherry Dale, previously Chief Operating Officer at Birmingham South Central CCG, describes how her commissioning organisation created a culture of workplace compassion, to better enable the workforce to carry out their roles as healthcare commissioners for the locality.

Cherry describes the business imperatives and business model that drove this choice of workplace culture.

As we know that healthcare providers can take action that improves support for staff, and that commissioners can envisage including workplace compassion within their arrangements with provider organisations, we have adapted and remodelled the commissioning cycle into one for workplace compassion. In practice, commissioning for workplace compassion might be undertaken alongside and in conjunction with the commissioning of other workforce related programmes, such as workplace health and staff engagement. For clarity, we focus on commissioning for workplace compassion.



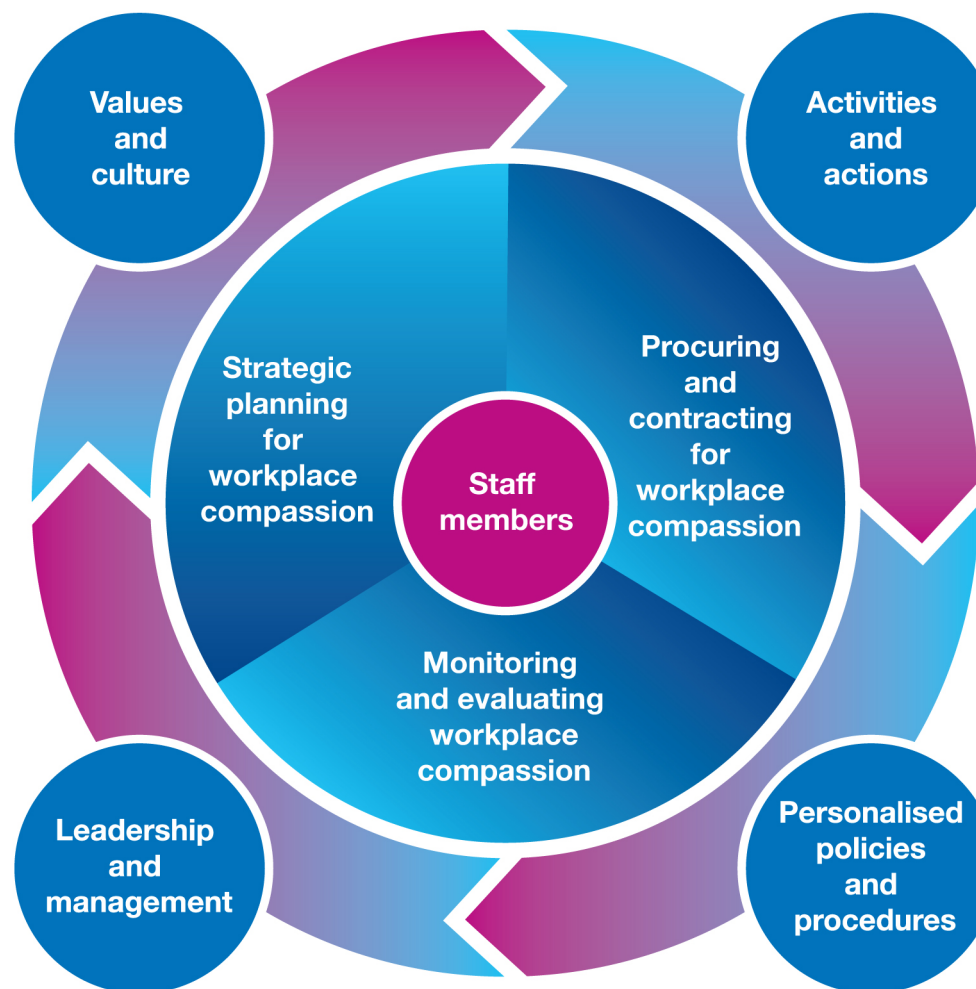
Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

The NHS commissioning cycle for workplace compassion



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

3.1 Procuring and contracting for workplace compassion

Commissioners can incorporate workplace compassion within their procurement and tendering arrangements. By seeking evidence of workplace compassion from potential provider organisations to meet tender specifications, commissioners can seek to procure services from organisations that can demonstrate compassionate environments for staff.

Commissioning for workplace compassion [Click here for video link](#)

In the clip above, Cherry Dale, describes why she commissions from providers with compassionate workplaces.

Letting contracts with provisions for compassion for staff, alongside other staff wellbeing requirements for providers, can formalise requirements and can support provider organisations with a means to prioritise compassion for staff in their own planning and activity.

Contracting for workplace compassion [Click here for video link](#)

In this clip Cherry Dale describes how she incorporates workplace compassion into contracts with service providers. Cherry also describes how she monitors workplace compassion contractual requirements with providers.

3.2 Monitoring and evaluating workplace compassion

The previous clip described measures that can indicate a culture of workplace compassion, and the activities that commissioners should expect to see. Site visits and talking with staff from many roles and at all levels, will provide further information.

In this next clip Cherry describes examples of some of the changes that could be seen and measured in an organisation with a culture and practice of workplace compassion.

Measurable benefits and outcomes of workplace compassion [Click here for video link](#)

3.3 Strategic planning for workplace compassion

To achieve workplace compassion, more widely across the system, in both commissioning organisations and providers and partner organisations, commissioners need to incorporate workplace compassion into their strategic plans, objectives and targets.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion



Introduction

The characteristics of
workplace compassion

Commissioning cycle for
workplace compassion

Delivering
workplace compassion

4.

Delivering workplace compassion



**“We have to be militants for kindness, subversives for sweetness and radicals for tenderness.”
(Cornell West)**

In this section, we aim to inspire people working in healthcare to find ways to create compassionate workplaces. We present a series of exemplary case studies, mostly from people in NHS provider organisations, who are making workplace compassion a reality. You’ll see that often these good practice examples didn’t need exhaustive resources and funding to become a reality. A little funding, sometimes, to be sure. What all of our case studies show is that what is necessary is for someone, or a group of someones, to want to make things better for themselves and their colleagues, and to find a way in which they could do that.

Case studies are presented for each of the 4 domains of the NHS commissioning cycle for workplace compassion:

- Culture and values for workplace compassion
- Activities and actions for workplace compassion
- Leadership and management for workplace compassion
- Personalised policies and procedures for workplace compassion.

Link to other resources:

 [NHS Employers staff engagement resource library](#)

NHS Employers have created a range of information, tools and resources to help HR people, managers and organisations develop and improve staff engagement within their organisation.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion



4.1 Culture and values for workplace compassion

 **How to start with creating a culture of workplace compassion**
[Click here for video link](#)

Cherry Dale offers some advice about where to start with creating a culture of workplace compassion.

Sometimes workplace compassion is made possible by members of a team consciously setting out to create the culture that they want to experience, as in case study 1.

We see in case study 1 that it was important to ensure that team values and behavioural expectations are shared by all the team, and, importantly, that people are able to challenge behaviour on those occasions when it deviates from those shared values.

Sometimes people take action because monitoring and evaluation information indicates there is a problem, as in case study 2. The response was at scale across the whole organisation, using technology to reach and connect a wide geography. We see that the workforce readily took the opportunity to discuss and refine their values and culture when it was made available.

In case study 3, the provider organisation created a specific mechanism, organisation wide, to practice workplace compassion by saying thank you. Over 5,000 staff members participated in the scheme in one year, with 5,000 staff receiving acknowledgement and thanks from their colleagues. Case study 4 also illustrates the importance of compassion in specific situations, in this instance support for staff coping with loss and bereavement at work.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

Case Study 1

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 the pathology team. Pathology staff suggested a large number of values which we put to a staff ballot to 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 we would 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.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

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 in 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 did you hope this action 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)



Introduction

The characteristics of
workplace compassion

Commissioning cycle for
workplace compassion

Delivering
workplace compassion

Case Study 2

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.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

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 sessions 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 (Trust average) from 3.71 in the national NHS Staff Survey 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:
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Introduction

The characteristics of
workplace compassion

Commissioning cycle for
workplace compassion

Delivering
workplace compassion

Case Study 3

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 yous' to staff.

We have received great feedback about 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 yous' 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.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion



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 giving 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.

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Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

Case Study 4

Birmingham Women's and Children's NHS Foundation Trust

Compassion for staff coping with loss



Summary

We support staff when there has been a bereavement or sudden loss at work, either of a colleague or a child who has been in their care.

What we did

We create a safe space for people to share their feelings. Safe space can be created by giving permission to speak, and knowing that feelings/views will be held in confidence and listened to without interruption. We also use simple items to help create a conducive space: soft fabric, battery operated tea lights, some fabric hearts, giving a heart pin to recognise the difference the care made by the team.

On other occasions, we have held a memorial reflective space in the Chapel, giving an opportunity for staff to light candles, put prayer leaves on the tree, have a common time of remembrance, also acknowledging the significance of the child/family for the staff and their contribution to that person/family's life. It is important to value and give thanks, primarily for the life of the person who has died, but also for the care that has been shown by staff, and the fact that it has made a huge impact on them.

Why we made this change

This has been an ongoing part of our work for many years. It can make a difference to give a small gift to staff such as a postcard with a comment valuing the person or simply creating the safe space for them to be heard.

How we did it

The chaplain team have built relationships with staff and wards over several years. Building these kinds of contacts mean that when other crises occur, staff feel more confident about approaching the multi-faith chaplaincy team for support.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion



4.2 Activities & actions for workplace compassion

Compassionate workplaces are only possible when everyone contributes. All members of staff, regardless of role and grade, have a responsibility for behaving compassionately through their actions and the activities they initiate and undertake. Collaborative leadership, through activities and actions, is a huge part of achieving great, compassionate workplaces.

The next two case studies, 5 and 6, show two activities that enable staff to initiate conversations about things that need to change. As with many of the examples of exemplary practice given here, the provider organisation in case study 6 is monitoring and evaluating their action to support workplace compassion, which provides evidence both of their organisational commitment to action in this area and evidence of the impact of that activity. Monitoring and evaluating staff morale and wellbeing is at the heart of case study 8. Daily monitoring acts as a tool to 'take the temperature' of staff experience and respond accordingly and can also be utilised for reporting staff wellbeing to meet any contractual requirements with commissioners.

In particular, nurses and carers and other professionals need time, often in the acute end of bereavement and loss, to acknowledge and share, in order to move on effectively. When not given any processing time staff can struggle to keep going.

What we hoped would change

Creating a specific opportunity for acknowledging loss with staff is effective in helping staff to process the normal effects of bereavement in order to be encouraged and ready to engage again in the demands of working with children who are very sick.

What changed

We have had positive feedback from staff about how much they have appreciated and valued these opportunities for processing shock, loss and bereavement. When the emotional impact of acute care is addressed in smaller steps, it is less likely to have the cumulative disabling effect.

What we are doing next

We continue to be approached by wards and managers to intervene in this way, and develop our toolbox of resources.

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Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

Case Study 5

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.



Introduction

The characteristics of
workplace compassion

Commissioning cycle for
workplace compassion

Delivering
workplace compassion

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.

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Introduction

The characteristics of
workplace compassion

Commissioning cycle for
workplace compassion

Delivering
workplace compassion

Case Study 6

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 known 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.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion



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.

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Introduction

The characteristics of
workplace compassion

Commissioning cycle for
workplace compassion

Delivering
workplace compassion

Case Study 7

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.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion



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 did you hope this action 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.

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Introduction

The characteristics of
workplace compassion

Commissioning cycle for
workplace compassion

Delivering
workplace compassion

Case Study 8

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'.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

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:

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4.3 Leadership and management for workplace compassion

We live with organisational change in the NHS which can often mean the creation of new organisational structures teams and structures. Whilst organisational change can create discord and a sense of loss, it also provides a ready made opportunity to renew and refresh, and build a workplace culture in which staff feel valued, respected and effective from the outset. Case study 9 demonstrates exemplary leadership behaviours to instil a listening team culture in a newly created directorate. They decided to affirm trust, confidence, and comfort by breaking bread together; biscuits actually, to be precise.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

Case Study 9

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.



Introduction

The characteristics of
workplace compassion

Commissioning cycle for
workplace compassion

Delivering
workplace compassion

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.

Although difficult to measure, the most important benefit is simply getting to know each other as people and colleagues, putting names to faces and feeling personally connected to our teams and our work.

An example of a change resulting from one "tea & biscuits" session: a member of the complex discharge team reflected that high turnover rates may be due to a weak induction process for new joiners. Seasoned discharge co-ordinators had a clear idea about how to provide a better induction but didn't have the time to plan it out and make it happen. A Graduate Management Trainee was allocated by the directorate leadership to sit with the experienced discharge co-ordinators, draft a new induction pack drawing on their knowledge, and supported them to "sell" this to team managers. The new induction pack is now being rolled out for all new joiners to the complex discharge team and its efficacy will be evaluated once new joiners have fed back on their experience.

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.

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4.4 Personalised policies and procedures for workplace compassion

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.

Case study 10 describes a new working procedure that is critical to patient safety and that also supports workplace compassion by deliberately creating a team experience in a complex, distributed network of staff. Case study 11 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.



Introduction

The characteristics of
workplace compassion

Commissioning cycle for
workplace compassion

Delivering
workplace compassion

Case Study 10

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, foundation year 1 and year 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 needing Intra osseous insertion practise etc). Finally we discuss any themes for the week/lessons learnt. The safety huddle takes no longer than ten minutes.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion



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 minute 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 meetings. 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.

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Introduction

The characteristics of
workplace compassion

Commissioning cycle for
workplace compassion

Delivering
workplace compassion

Case Study 11

NHS England Employee Volunteering Policy

A policy you can volunteer for



Summary

NHS England 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 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.

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.



Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion



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 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.

What changed

Of the NHS England 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 NHS England

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.

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Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

4.5 Lessons for commissioners

“we need to learn how to do compassion. It won’t grow by itself in our ‘every man/woman for himself/herself’ world.”²³

Commissioners have a real opportunity to lead the way towards an NHS culture of compassion for all, in which patients experience compassionate care and staff experience a compassionate workplace. Through their commissioning function, commissioners can direct healthcare organisations to take action that improves support for staff and staff wellbeing, setting the expectation of a compassionate workplace for staff, that, in turn, enables staff to care for the people served by the NHS. Learning from our exemplars of good practice, commissioners could consider the following:

- There are many, many ways in which healthcare organisations can move towards a NHS culture of compassion for all. Commissioners will want to support provider organisations to develop home-grown initiatives or bought-in services that work for them, that are supported and welcomed by their staff. Service specifications and performance indicators for workplace compassion should not stifle the creativity of the workforce or organisation.

- Commissioners can support provider organisations by modelling good practice themselves, sharing examples of good practice, and celebrating successful initiatives to support compassionate workplaces.
- In addition to quantitative measures of performance from human resources and workforce dashboards, commissioners could request that providers supply qualitative case studies as a performance marker to show what their staff think has changed in the working environment and how this change came about.
- The exemplary examples of practice in this section all involved listening, engaging and working with staff members, and all involved listening, engaging and working with management and executive teams. Commissioners should expect to see workplace compassion activity operating across all levels of organisations, using contracts to ensure this is measured and monitored.
- Many of the organisations included here integrated monitoring and evaluation of workplace compassion with their initiatives. Commissioners can discuss appropriate markers and indicators of workplace compassion with providers.

“investment in NHS staff is not an optional extra, but a vital investment in safe, sustainable patient care.”²⁴

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Introduction

The characteristics of
workplace compassion

Commissioning cycle for
workplace compassion

Delivering
workplace compassion

Exercise 3.

Our individual contribution towards workplace compassion: finding a SMARTER way.

Finally, we invite you to consider how you contribute to creating a compassionate workplace, either in your own workplace or for an organisation that you commission or work with.

How about setting yourself one goal; one plan you 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 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.

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?

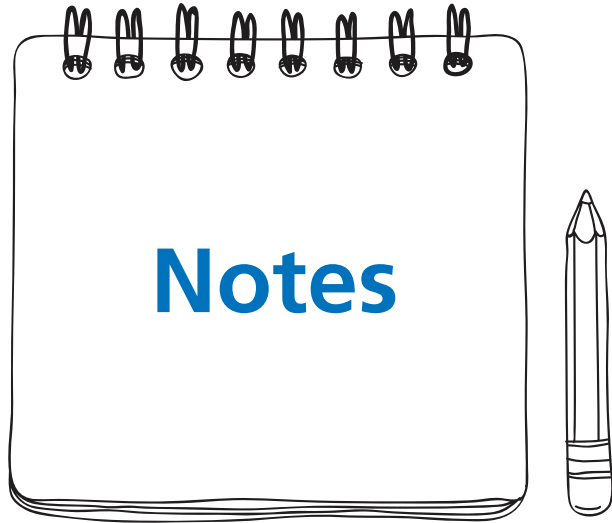


Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion



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Introduction

The characteristics of workplace compassion

Commissioning cycle for workplace compassion

Delivering workplace compassion

