Nursing, midwifery and care professionals form a huge community of practitioners and make a difference to people’s lives, health and wellbeing every day. Each of them has the potential to influence and lead improvement in healthcare.

Recognising this community’s potential to manage challenges in healthcare and shape its future, NHS England has published a new national framework for all nursing, midwifery and care staff in England. Leading Change, Adding Value: a framework for nursing, midwifery and care staff, whatever their role or place of work, can help support practitioners to be leaders of change, help them make a difference, and demonstrate the added value they can contribute to the health and wellbeing of individuals and communities. It also spent nine months engaging with more than 9,000 people across the health and care system, asking what mattered to them and what ambitions they had for transforming the health and care sector. More than 11,000 pieces of evidence and data were submitted to help inform the framework’s development.

Nursing, midwifery and care staff helped to develop the framework. NHS England listened to a wide range of national organisations, practitioners, carers and the public, who gave their views on why a framework is needed to support practitioners to be leaders of change, and help them make a difference, and demonstrate the added value they can contribute to the health and wellbeing of individuals and communities. It also spent nine months engaging with more than 9,000 people across the health and care system, asking what mattered to them and what ambitions they had for transforming the health and care sector. More than 11,000 pieces of evidence and data were submitted to help inform the framework’s development.

The 6Cs and the 10 commitments
The new framework is the successor to the Compassion in Practice strategy for nurses and midwives (Cummings and Bennett, 2012). It builds on the strategy’s six fundamental values for nursing, known as the 6Cs (care, compassion, competence, communication, courage and commitment).

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The new framework is the successor to the Compassion in Practice strategy for nurses and midwives (Cummings and Bennett, 2012). It builds on the strategy’s six fundamental values for nursing, known as the 6Cs (care, compassion, competence, communication, courage and commitment). The six areas of action support health professionals and care staff to deliver excellent care, and to help ensure they put people at the heart of everything they do. According to NHS England, the 6Cs form the basis of what guides nurses, midwives and allied health professionals. Leading Change, Adding Value emphasises that these actions are vital to help health professionals reduce unwarranted variation in care.

The new framework incorporates and recognises the value of the 6Cs as being central to everything people working in healthcare do, and encourages staff to adhere to them. However, it takes the 6Cs values a stage further by including 10 commitments to help support nursing, midwifery and care staff to enhance care.

Closing care gaps
The framework has been designed to help support nursing, midwifery and care staff, whatever their role or place of work, in

In this article...

- The 10 commitments featured in the nursing framework
- How these commitments build on the 6Cs
- How nursing can help to close gaps in care

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In 2012, the chief nursing officer for England launched the Compassion in Practice strategy for nursing, which included the 6Cs. This has been followed in May 2016 by an NHS England publication for nursing, midwifery and care staff that builds on the 6Cs and provides a framework around 10 commitments. This article summarises the framework and recommendations for good practice.

Keywords: 6Cs/Compassion in practice/10 commitments/Health and wellbeing/Gaps in care
taking the lead in closing the three crucial gaps identified by NHS England in its Five Year Forward View, which set out a vision based around seven new models of care (NHSE, 2014). These gaps are:

- **Health and wellbeing**: without a greater focus on prevention, health inequalities will widen and capacity to pay for new treatments will be compromised by the need to spend funds on avoidable illness;
- **Care and quality**: health needs will go unmet unless people working in healthcare reshape care, harness technology and address variations in quality and safety;
- **Funding and efficiency**: without efficiencies, a shortage of resources will hinder care services and progress.

*Leading Change, Adding Value* highlights how nursing, midwifery and care staff have a crucial role to play in helping to close these gaps, and recommends key ways to do this:

- **Closing the health and wellbeing gap**: practising in ways that prevent avoidable illness, protect health and promote wellbeing and resilience;
- **Closing the care and quality gap**: practising in ways that provide safe evidence-based care, which maximises choice for patients;
- **Closing the funding and efficiency gap**: practising in ways that manage resources well, including time, equipment and referrals.

In addition to guiding nursing, midwifery and care staff on how they can help to close these gaps, the new framework is also a way of helping health professionals to realise what the Five Year Forward View called the ‘triple aim’ – which is to achieve better outcomes, experiences and use of resources (NHSE, 2014).

### The 10 commitments for staff

The 10 aspirational commitments featured in the new framework (NHSE, 2016) are based on responses from 9,000 practitioners about what mattered to them regarding healthcare, as well as their ambitions to change the health and care sector. They are designed to be applied locally in any environment and at any level.

The 10 commitments are:

1. To promote a culture where improving the population’s health is a core component of the practice of all nursing, midwifery and care staff. This commitment can be met by:
   - Contributing to and influencing programmes that are ‘place based’

2. To increase the visibility of nursing and midwifery leadership and input in prevention. This commitment can be met by:
   - Championing and extending prevention and health promotion responsibilities;
   - Collectively supporting a “social movement for health”, including social media, national campaigns and local action;
   - Maximising the leadership of specialist community public health nursing, especially in the health of children and young people.

3. To work with individuals, families and communities to equip them to make informed choices and manage their own health. This commitment can be met by:
   - Understanding the wider health and social care issues that affect people’s decisions about their health and ability to self-manage;
   - Consistently applying the principle of “making every contact count”;
   - Providing timely advice to people about their health and wellbeing;
   - Working with communities to build healthy places with partners in the state and voluntary sector.

4. To be centred on individuals experiencing high-value care. This commitment can be met by:
   - Putting people, their families and carers at the centre of developing and delivering all aspects of their care;
   - Providing equal importance to both meeting the physical and mental health needs of individuals;
   - Continuing to facilitate safe, responsive and culturally sensitive care with the ambition to enable women to have the choice of where to have antenatal, birth and postnatal care, and to receive continuity of carers;
   - Enabling the services to be designed through listening to the voices of users, especially vulnerable people with complex needs.

5. To work in partnership with individuals, their families, carers and others important to them. This commitment can be met by:
   - Recognising the assets that people and their families bring to maximising the health and wellbeing of patients;
   - Integrating volunteers and communities into our work;
   - Facilitating the involvement of individuals and their carers in co-designing and providing care services;
   - Embracing the six principles of the People and Communities Board for developing new care models. These are: personalised care, community partnership, equality, valuing carers, volunteering and social action (NHSE, 2014);
   - Recognising and promoting the role of maternity services liaison committees in improving maternity care for women and their families.

6. To actively respond to what matters most to staff and colleagues. This commitment can be met by:
   - Embedding the key question “what matters to you?” alongside the delivery of consistent, compassionate leadership;
   - Ensuring staff health and wellbeing is promoted as a priority, such as

### BOX 1: 10 COMMITMENTS

| 1 | Promote a culture where improving the population’s health is a core component of practice |
| 2 | Increase the visibility of nursing and midwifery leadership and input in prevention |
| 3 | Work with individuals, families and communities to equip them to make informed choices and manage their own health |
| 4 | Focus on individual-centred care |
| 5 | Work in partnership with individuals, families, carers and loved ones |
| 6 | Actively respond to what matters most to staff and colleagues |
| 7 | Lead and drive research for evidence in care |
| 8 | Provide the right education, training and development |
| 9 | Have the right staff in the right place, at the right time |
| 10 | Champion the use of technology and informatics to improve practice, address unwarranted variations and enhance outcomes |
Opportunities for staff lifestyle changes, such as stop-smoking services, are encouraged considering the role of mental health first aiders;

- Supporting staff to take responsibility for their own health in order to maximise impact for individuals and populations;
- Creating environments that are conducive to health and wellbeing, such as reshaping the working environment, providing healthy food choices and opportunities for other lifestyle changes, for example, exercise and stop-smoking services;
- Ensuring the right staff support systems are in place, such as regular appraisals, mentorship, coaching, preceptorship and midwifery supervision, and identifying and supporting those who may work in professional isolation;
- Developing an effective way of assessing and triangulating the impact of good staff engagement and wellbeing on productivity, safety, and the outcomes and experience of those receiving care.

7 To lead and drive research to evidence the impact of what nursing, midwifery and care staff do. This commitment can be met by:

- Celebrating and showcasing achievement and success;
- Building competence and capability to identify unwarranted variation;
- Using the relevant metrics and outcome measures to increase productivity and efficiency, while driving up quality;
- Sharing findings both nationally and internationally.

8 To have the right education, training and development to enhance our skills, knowledge and understanding. This commitment can be met by:

- Having and providing training, research and career progression opportunities;
- Developing clinical academic careers for nurses and midwives to build the nursing and midwifery evidence base;
- Embedding a culture of lifelong learning by making the education and training of staff a priority;
- Providing clinical placements in all settings for learners to help them work flexibly, such as establishing shared professional learning across health and social care, including the sharing of knowledge and skills through the creation of rotational posts that go across health and social care.

9 To have the right staff in the right places and at the right time. This commitment can be met by:

- Ensuring the right staff are in the right place at the right time to provide safe, compassionate and effective care;
- Ensuring that decisions about staffing are based on available evidence, take account of the wider multiprofessional team, and that there is a proactive approach to delivering improved outcomes and productivity;
- Ensuring staffing decisions take account of the local context, so local improvements can be made;
- Developing an e-learning package on safe and sustainable staffing for frontline leaders to include establishment monitoring, workforce planning and workforce development.

10 To champion the use of technology and informatics to improve practice, address unwarranted variation and enhance outcomes. This commitment can be met by:

- Developing the skills needed in a technology-literate workforce;
- Advocating technologies that may assist in reducing unwarranted variations in care;
- Leading as early adopters of technology to improve health and enhance efficiency;
- Empowering and supporting individuals to improve health and self-manage care;
- Using technology to manage workflow more effectively, for example, with mobile working.

Conclusion

NHS England believes Leading Change, Adding Value, with its 10 commitments, gives England’s nursing, midwifery and care staff a new opportunity to demonstrate the beneficial outcomes and impact of their work.

In addition to its 10 commitments, when it was compiling feedback from nurses, midwives and care staff, NHS England found an overwhelming support for the 6Cs: people felt these were at the foundation of the profession’s values. It stresses that while the beneficial impact of compassionate care is seen widely on individuals and populations, nurses and allied health professionals should not become complacent and should ensure that as their work changes, their values remain “aligned, recognised and understood” (NHSE, 2016).

Jane Cummings, chief nursing officer for England, says she is “excited about what this new framework will help us achieve in the coming years. Leading Change, Adding Value sets out our shared ambitions and commitments that demonstrate our leadership potential, and the role we can and must play.”

References


For more on this topic go online...

- Communication and the 6Cs: the patient experience
- Bit.ly/NT6CsCommunication