

# The implementation of Compassion circles/Taking Care Giving Care rounds in ABUHB

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Benna Waites, Joint Head of Psychology, Counselling  
and Arts Therapies

Aneurin Bevan University Health Board, Gwent

- Story of implementation (>1091 staff)
  - Process of establishing
  - “Weaponising” the approach?
- 
- Starting with where we started from ...

# Why should we be interested in Compassion?

It is catastrophic when it goes wrong ...

NHS England and NHS Improvement



# Failures in care

THE MID STAFFORDSHIRE  
NHS FOUNDATION TRUST  
PUBLIC INQUIRY



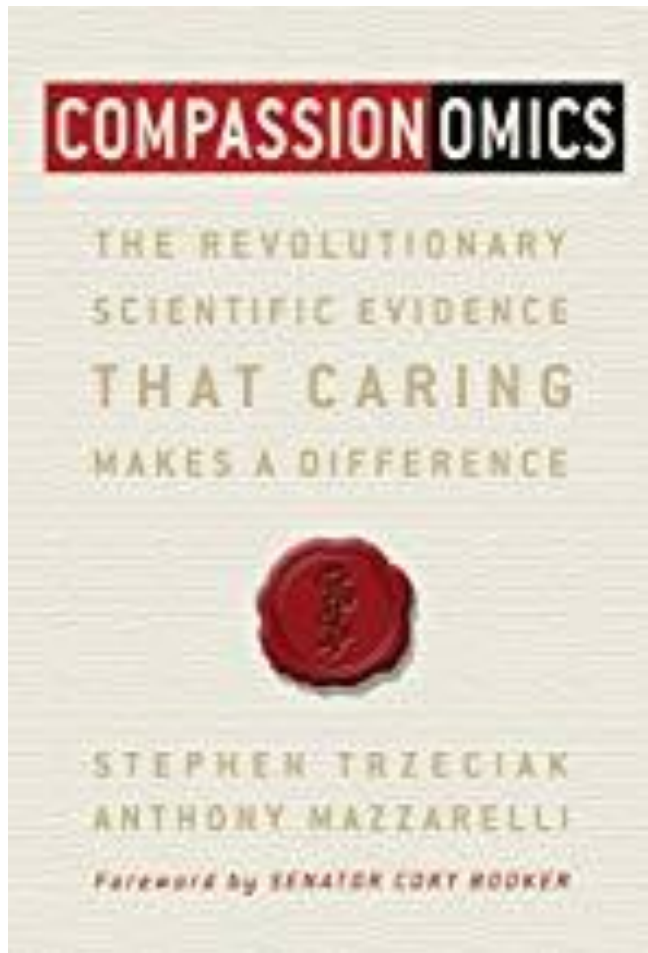
*'I apologise for the gross departures from basic standards of care which the report so unflinchingly set out'*

**Executive summary**

And the impact is  
huge when it goes  
right ...



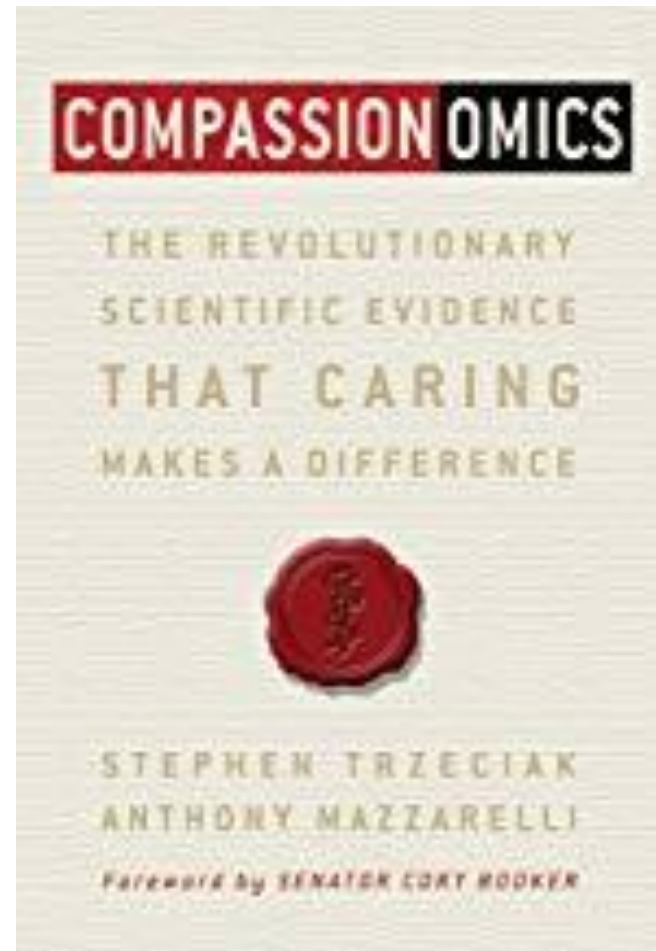
# Compassion in health care



- Decreased length of stay.
- Compassion from anaesthetists vs sedatives – 50% lower requirement for opiates post surgery.
- Patients randomly assigned to compassionate palliative care survived 30% longer
- Post-operative nurse compassion associated with 50% lower pain ratings; pain management – compassion group 47% less pain in relevant brain areas of pain

# Compassion in health care

- Diabetes – optimal blood sugar control 80% higher. 41% lower odds of complications
- Wound healing 17% quicker
- 65% of variance in patient satisfaction, 50%+ fewer referrals and readmissions, quicker recovery



# Compassion matters



Not just nice to have – significant impact on outcomes



What is likely to enable Compassion to thrive?



What correlates with positive service user experience?



## People management and engagement



Staff views of leaders → patients' views of care quality



Staff satisfaction → patient satisfaction



Poor staff well-being → poorer CQC performance (and poorer financial performance)



Good Human Resource Management practices → lower patient mortality

<https://www.nhsemployers.org/-/media/Employers/Publications/Research-report-Staff-experience-and-patient-outcomes.pdf>

<https://www.gov.uk/government/publications/nhs-staff-management-and-health-service-quality>


<https://www.england.nhs.uk/publication/links-between-nhs-staff-experience-and-patient-satisfaction-analysis-of-surveys-from-2014-and-2015/>



Staff experience is key

“Why do we hear about a lack of compassion for patients but so little about the people who serve them?”

Bradley 2016



The solution lies in our people and the system conditions in which they work

# IHI white paper: Framework for Improving Joy in Work



WHITE PAPER

## IHI Framework for Improving Joy in Work



AN IHI RESOURCE

20 University Road, Cambridge, MA 02138 • [ihi.org](http://ihi.org)

**How to Cite This Paper:** Perlo J, Baik B, Swensen S, Kabanell A, Landsman J, Feeley D. *IHI Framework for Improving Joy in Work*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. (Available at [ihi.org](http://ihi.org))

# Joy at work?

IHI white paper (2017)

“Some of the most high-leverage changes an organization can undertake since a focus on joy in work simultaneously impacts so many goals embedded within the triple aim”

Quadruple aim – A Healthier Wales (2018)

- Improved population health
- Reduced per capita cost
- Improved patient outcomes and experience
- Motivated and sustainable workforce

# ABUHB Employee Experience Framework



## Our Employee Experience Framework



Happy Valentine's Day!

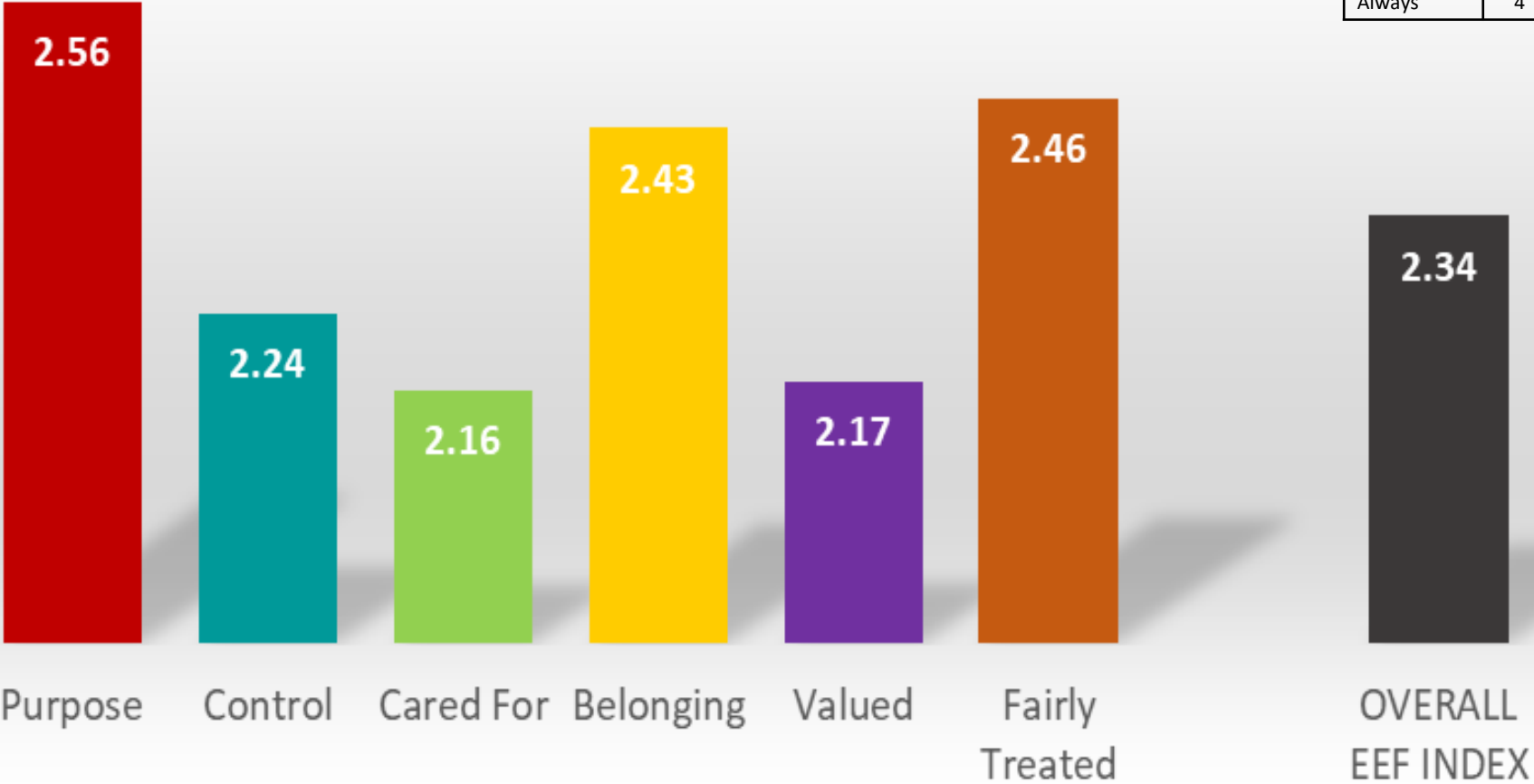


# Our 6 Pillar Framework

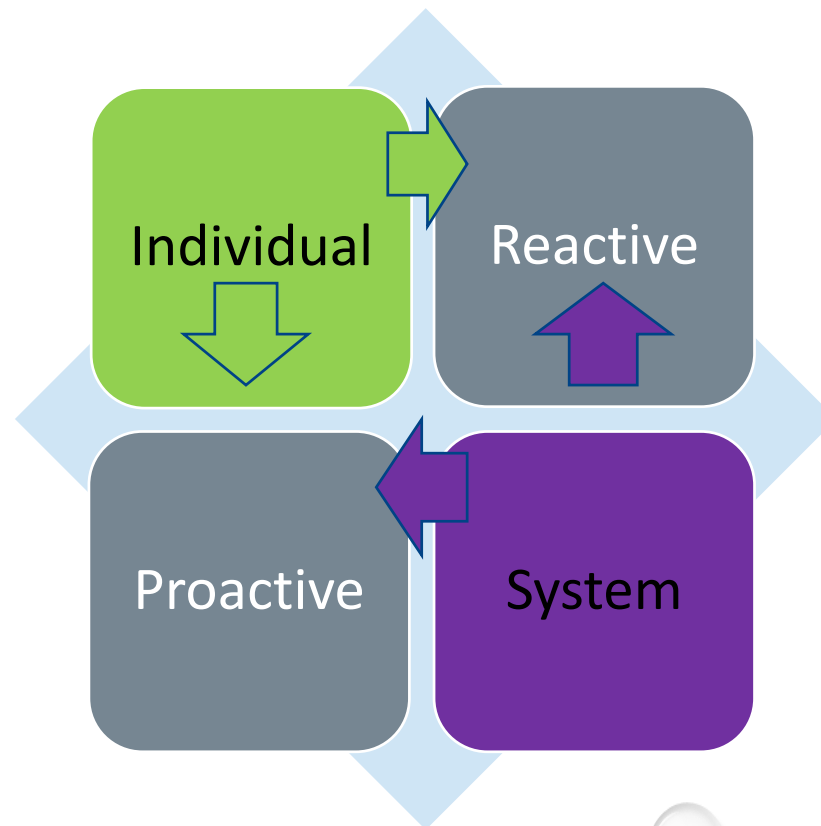


# EEF 6 Pillar Index Results 2019

Index Score Key:	
Never	0
Rarely	1
Sometimes	2
Often	3
Always	4



# A New Wellbeing Strategy





# THE INDIVIDUAL

Reactive	Proactive
Employee Wellbeing Counselling Service	Primary Care Psychoeducation Groups
Occupational Health Service	Mindfulness training & promotion
Mediation Service (New)	Psychoeducation literature and resources
Psychological consultation services to managers	Psychological debriefing network
	Coaching / mentoring / reflective space for Senior leaders and clinicians
	Trust Induction

# THE SYSTEM

Reactive	Proactive
Organisation Health Reviews (HSE)	Creating safe and psychologically healthy working environments (Psychological Safety Training)
Solution focused consultation for managers	Bespoke team building
Focused team work, formulation and development	Focus on recruitment (values & relationally based)
Specific Post Serious Incident Debriefing	Policy, Strategy & influence at Exec level
	Schwartz Rounds
	Taking Care Giving care Rounds (Compassion Circles)
	Leadership & management Innovation & Development
	Wellbeing research
	Physical Wellbeing promotion (Regular themed wellbeing events & initiatives)
	Monthly drop in clinic for leaders & managers
	Keeping the 'employee experience of work' on the organisational agenda

# The birth of Taking Care Giving Care rounds

- Post-Francis seeking a way of approaching the challenges we could see around us that attended to the experience/impact of work
- Andy Bradley's Compassion Circles
- Change of name: Compassion Circles to TCGC
- Seen as sibling , complementary intervention to Schwartz rounds
- Publicised as a one off, portable commitment – ability to use in team away days, within training or as part of meetings (designed around team availability)
- First rounds run in 2015

## 'Taking care, giving care' rounds: An intervention to support compassionate care amongst healthcare staff

Sarah Flowers, Catherine Bradfield, Rachel Potter, Benna Waites, Adrian Neal, Jane Simmons & Natalie Stott

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*As part of their wellbeing strategy a health board in Wales introduced a brief structured intervention for staff which aims to improve compassion towards themselves, each other and their clients. Themes from facilitators, staff and team leaders are presented.*

**B**OTH the Francis report (2015) and the Andrews report (2014) suggest that offering opportunities for staff to process the emotional impact of their work is likely to improve the quality of care provided. The psychological demand of work for professional carers is recognised as being sizeable (Ballan & Camping, 2014). However, the psycholog-

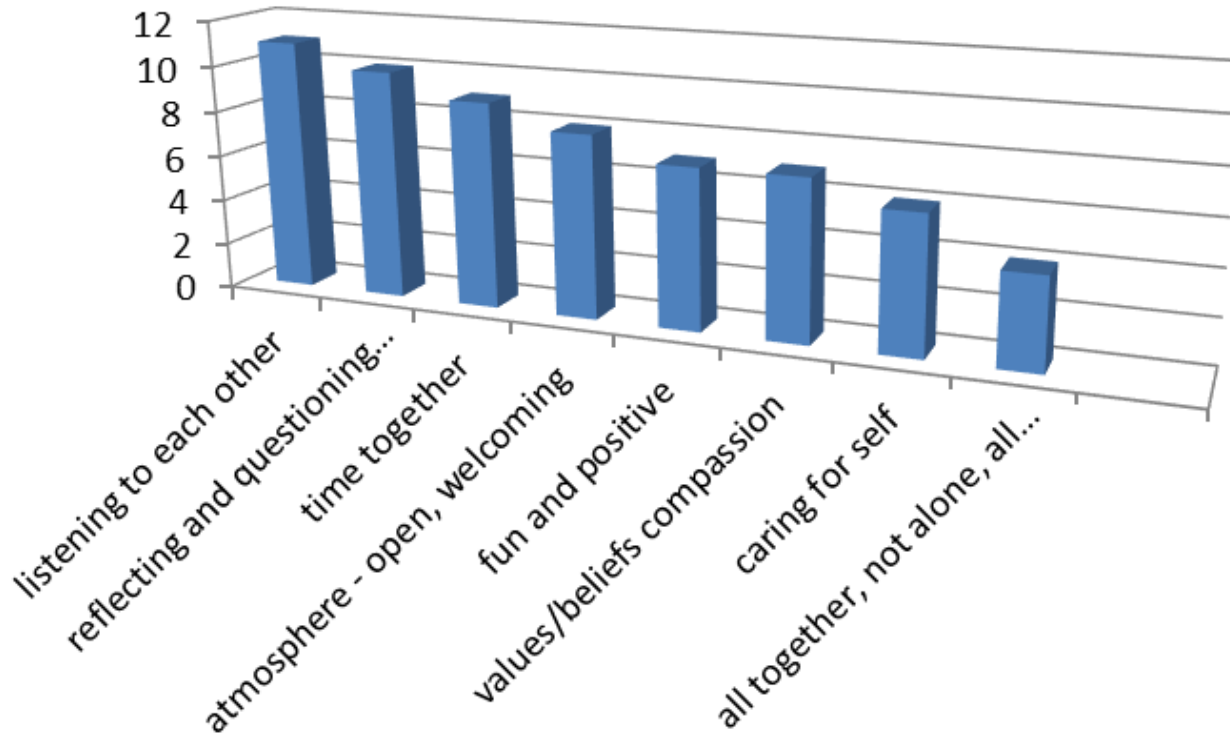
ical demands of such work, unlike the physical demands, are poorly operationalised within job descriptions.

A powerful example of such an unacknowledged work demand is emotional labour (Brotheridge & Grandey, 2002). Emotional labour refers to the effort required by a worker to manage, and often suppress, emotions

# Implementation journey

- Produced guidance notes to increase ease of facilitation
- Developed a steering group to support and monitor practice, publicise and to coordinate requests
- Published evaluation data
- Organised training to increase pool of facilitators
- Established a Community of Practice

## Themes for what has been good about our time together?



How people have used experience from the rounds in their workplace



How can you sustain compassion in your service/on your ward?



“We are going to look at each other in the mornings and say hello.”



“We are a day unit so we don’t have a handover. We have been going home without the chance to discuss patients who we are worried about. We are going to have a board round at lunchtime.”



“I’m only the receptionist but if people are upset or frightened I get them a cup of tea. If they are crying I hold their hand. I hope that’s alright. Is that alright?”

Question	Average Score/ 5	Percentage that Somewhat or Completely Agreed
Today's round has increased my awareness of compassion towards patients	4.15	82.4%
Today's Round will help me work better with my colleagues	4.39	88.7%
Today's round has increased my awareness of compassion towards myself	4.33	85.2%
Reflecting on how I can better self-care was useful to me	4.33	85.9%
Today's round helped me think about ways I could embed compassion with the service I work in	4.26	86.4%
I would like to attend a TCGC round again	3.95	66.7%
I would recommend TCGC rounds to colleagues	4.19	77.7%

# Outcome Measures

- We have recently collated feedback from over a year of TCGC rounds
- A bespoke feedback tool is collected after each round
- N = 142 people have completed one

# Quotes following the round..



“This was something unique and different. It was about us as people”



“But I think that the exercise got the ball rolling, if you like. It started and opened up dialogue, you know... it kind of set the scene really that this is a safe place to work, and if you’ve got anything to say you can say it and it will be taken seriously.”



# What have we noticed?



## Staff like

Structure

Pace

Safety

Positivity

Practical and Profound



## Facilitators like

Portability – lack of prep

Balancing individual and system resilience

Overwhelmingly positive feedback

Benefits even when circumstances are less than ideal

# Further outcome evaluation



PRE AND POST MEASURES AVAILABLE IN  
CONFERENCE PACKS.



HOPING TO GATHER PROSPECTIVE  
LONGITUDINAL DATA OVER THE NEXT  
YEAR

# What Next for us?

## 01

Working with  
Improvement Cymru to  
support roll out in Mental  
Health Outcomes work

Open to supporting a  
wider Community of  
Practice

## 02

Growing and sustaining  
the work within our own  
organisation

# What next for you?

An opportunity to experience a round:

- enjoy the experience
- notice how our facilitators hold it
- rest of the day has been designed to help you understand the practice and think about implementing it where you are
- keep in touch



# The geese thing...

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## *Wild Geese*

You do not have to be good.

You do not have to walk on your knees  
for a hundred miles through the desert repenting.  
You only have to let the soft animal of your body  
love what it loves.

Tell me about despair, yours, and I will tell you mine.  
Meanwhile the world goes on.

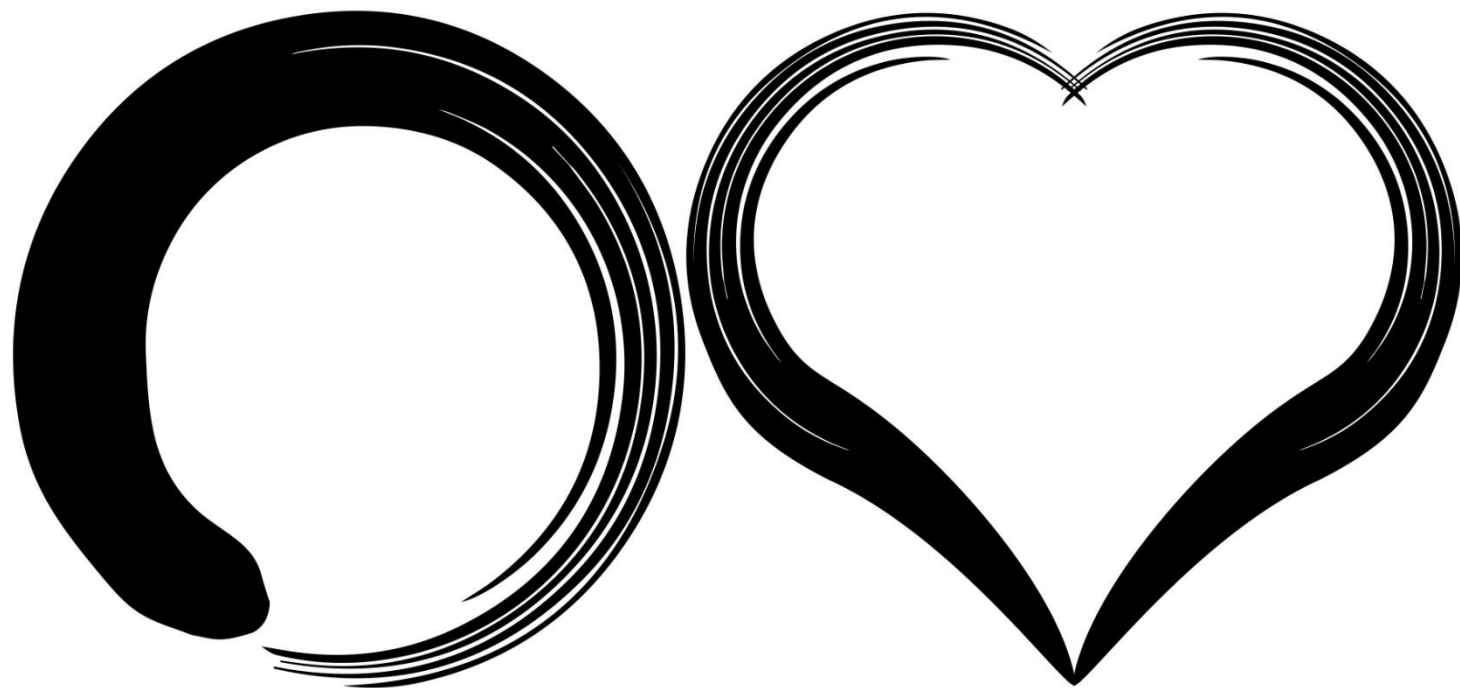
Meanwhile the sun and the clear pebbles of the rain  
are moving across the landscapes,  
over the prairies and the deep trees,  
the mountains and the rivers.

Meanwhile the wild geese, high in the clean blue air,  
are heading home again.

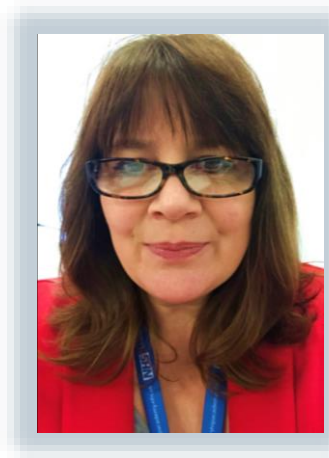
Whoever you are, no matter how lonely,  
the world offers itself to your imagination,  
calls to you like the wild geese, harsh and exciting  
over and over announcing your place  
in the family of things.

*~ Mary Oliver*





#HelloMyNameIs Laura Jayne Simms



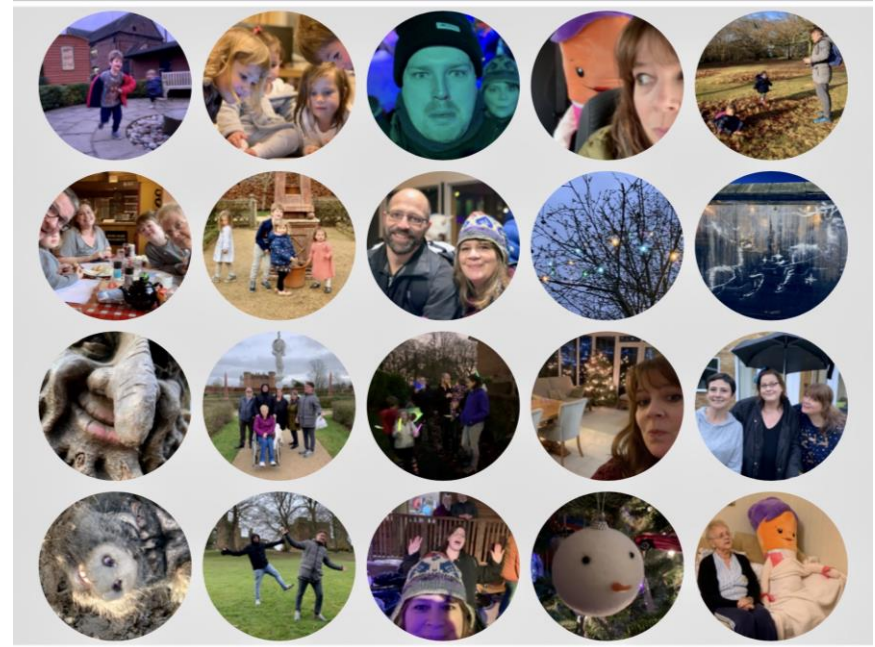
#iServe #OurNHSPeople #NHSConstitution

*‘Sustaining Compassion in Challenging times:  
The implementation of Taking Care Giving Care rounds and Compassion Circles in  
Wales’*

Equality & Inclusion System Influencer Lead, People Directorate  
NHS England and NHS Improvement

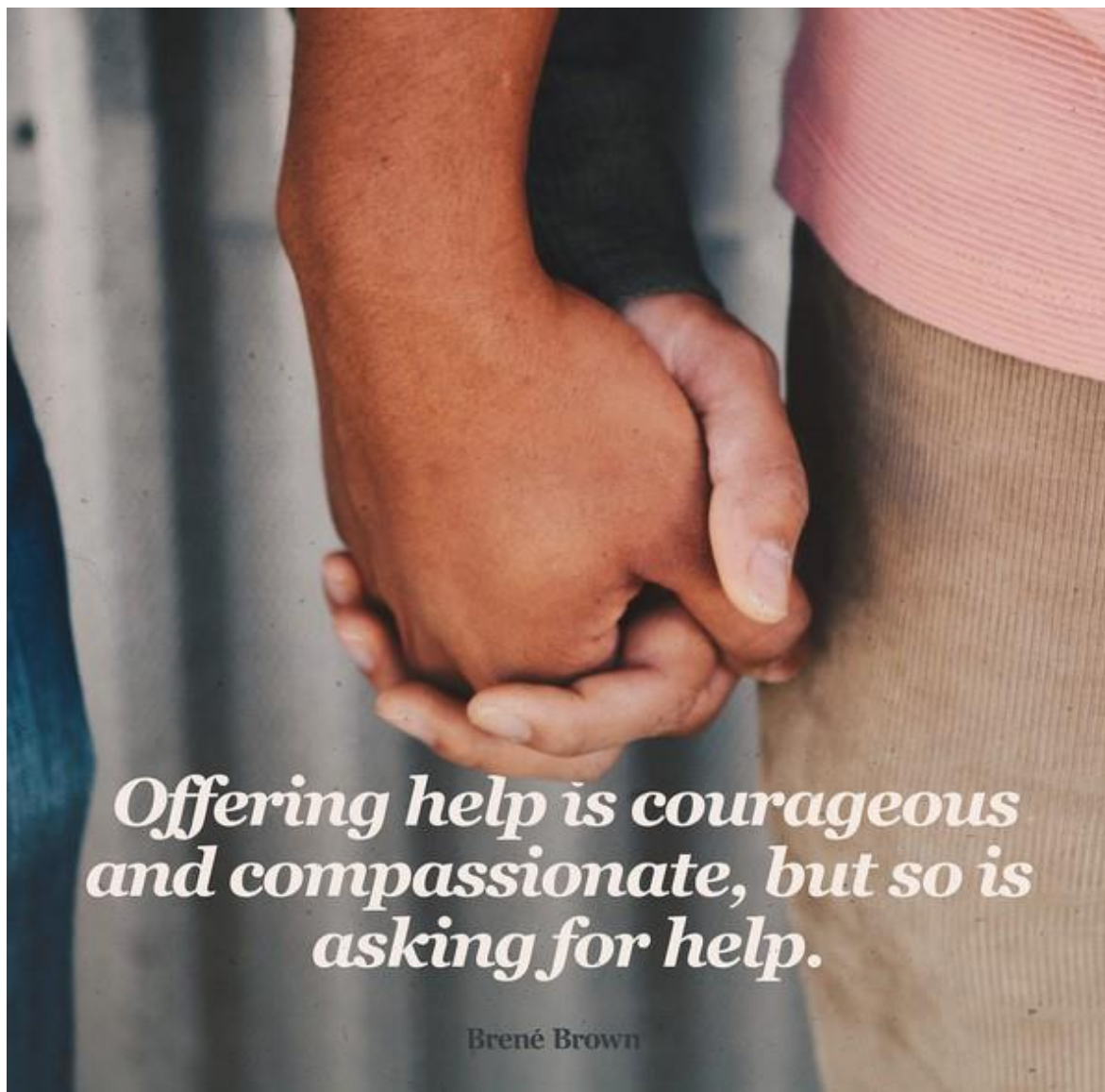






# Human Me

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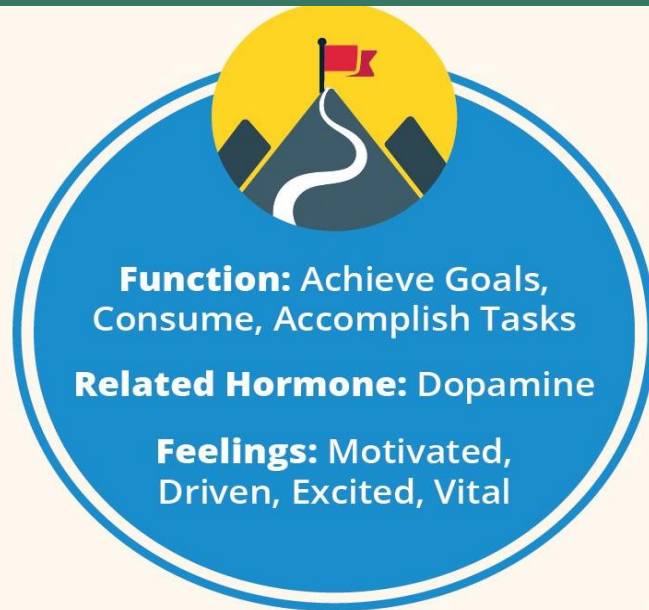
*Offering help is courageous  
and compassionate, but so is  
asking for help.*

Brené Brown


Easier said than done!

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How are you doing?



Although we might not realize it, many of us spend the majority of our time in threat and drive, which can lead to imbalanced emotions and distress. It can be important to notice if your soothing system is underdeveloped.



So, if we are prone to the red space, or life is driving us there, how do we systematically grow psychological safety, to stay out of the red?

## ...and what IS Compassion?

*“a sensitivity to suffering in self and others with a commitment to try to alleviate and prevent it”*

Professor Paul Gilbert, Compassionate Mind Foundation





Note the verbs:

*“a sensitivity to suffering in self and others **with a commitment to try to alleviate and prevent it**”*

Professor Paul Gilbert, Compassionate Mind Foundation





So, if we are prone to the red space, or life is driving us there, how do we systematically grow psychological safety, to stay out of the red, AND develop a *sensitivity to suffering in self AND others AND a commitment to try to alleviate and prevent it?!!!*



# 3 Relational Practices

## **Compassion flows in three directions**

Self to self

Self to other

Other to self

Listening  
with a quiet  
mind

**THE QUIETER  
YOU BECOME,  
THE MORE  
YOU CAN  
HEAR**



Appreciation  
from the  
heart



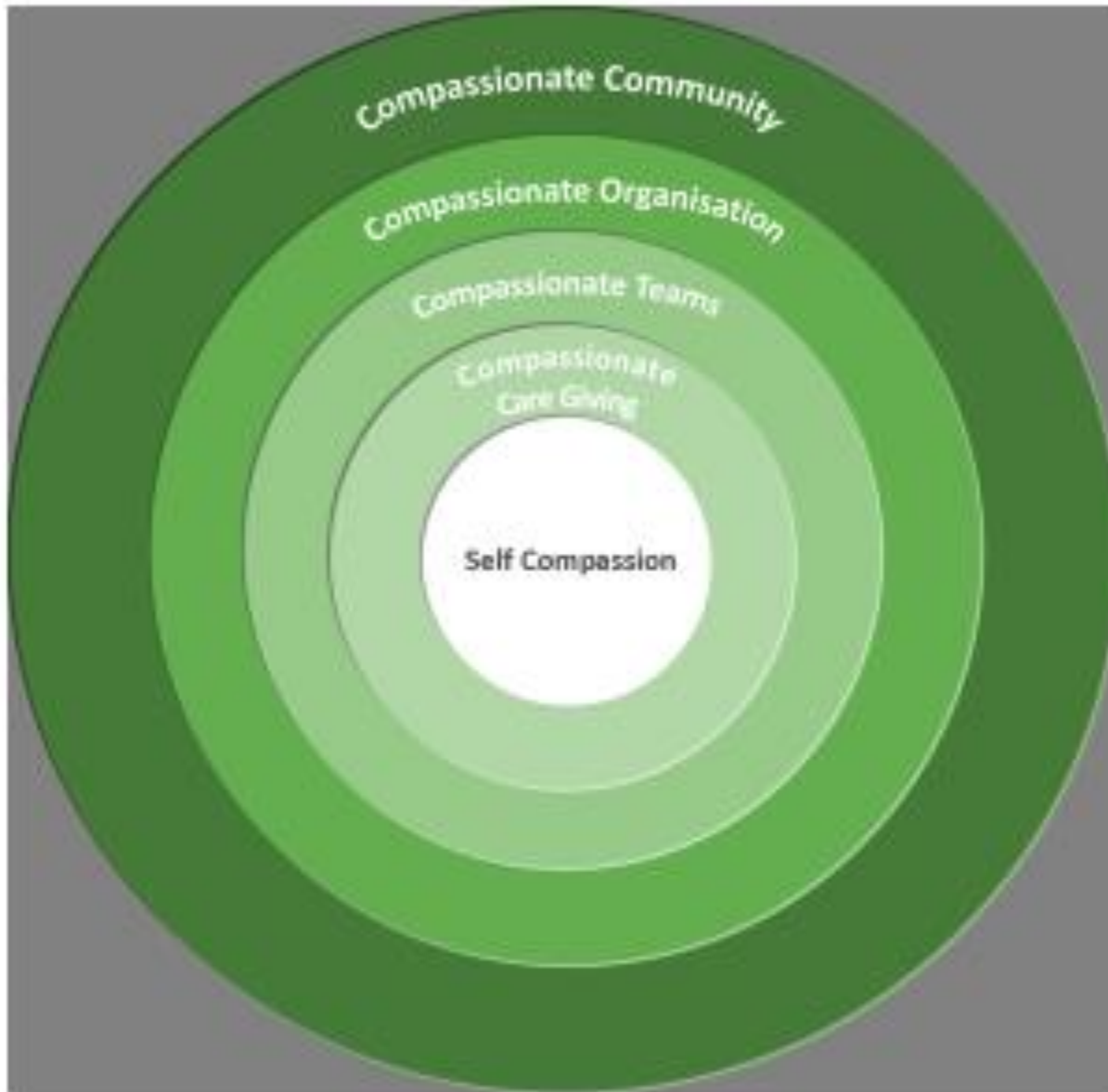
## The Intention

- To offer safe space
- To grow self compassion
- To deepen understanding of inhibitors and enablers of compassion
- To take action which enables compassion to flow

## The Experience

- Preparation of self
- Preparation of space
- Warm welcome
- Invitation to meet as equals – all human with both vulnerability and strength
- Invitation to celebrate differences
- Offer of space for contemplation
- Invitation to commit to action
- Appreciation of process and each other





Compassionate Ripple Effect

# Compassion Circles and Me

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# Bringing Compassion Circles to one system

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## Component 1: Andy Bradley & Paul Johanson



TheObserver  
**BRITAIN'S  
50 NEW  
RADICALS**  
WITH NESTA



## Component 2: University of Birmingham

Yvonne Sawbridge, Senior  
Fellow, Health Services  
Management Centre.

Dr Alistair Hewison, Senior  
Lecturer, School of Nursing.



## Component 3: University of Birmingham

UNIVERSITY OF  
BIRMINGHAM

**U** Ethics approved  
research. **B**

Dr Alistair Hewison, Senior Lecturer, School of Nursing,  
University of Birmingham

### First Component

The project launches with a whole day in central Birmingham on **Monday April 24th** – 2 leaders from each organisation will spend the day with Andy Bradley who is recognised as one of 'Britain's 50 New Radicals' (by The Observer Newspaper and NESTA) from Frameworks 4 Change and his colleague Paul Johanson who is a relational skills trainer and former lead for Patient Experience in the South of England

Personal message from Andy:

*"Our every interaction every day shapes our world. To the extent that we are present with and pay attention to those we interact with, understand their challenges, empathise with them, and take action to help them, we create a more compassionate world. To have the capacity and resilience to show compassion to others, we must first practice self-compassion"*

**Professor Michael West, Lancaster University Management School, 2017**

If it was easy to take care of ourselves and each other within the high pressured health and social care system we would be doing it already! We are looking forward to welcoming you to the day which we hope will leave you feel better equipped to sustain self-compassion and to hold the spaces that colleagues and others need to create and sustain a collaborative approach to end of life care.

By the end of this day participants will:-

1. Understand some of the principles and practices for developing compassion for self and others
2. Practice self-compassion and understand the evidence on how this relates to the development of compassion for others
3. Understand how to create safe spaces for compassionate relating and collaboration
4. Identify the system inhibitors of compassion and how to engage with them

### Second Component

Your leadership duo will be able to secure a priority place for a team of three (one front line; one senior decision maker and a third of your choice) at a Compassion Improvement Lab, scheduled to take place on **Thursday June 8<sup>th</sup>** designed and delivered by colleagues from the Health Services Management Centre (HSMC) at University of Birmingham, Dr Alistair Hewison and Yvonne Sawbridge. The focus of this workshop is both practical, and evidence-based. And will help you to:

- Understand emotional labour and the impact it can have on the delivery of compassionate care to patients.
- Explore a range of interventions currently in use
- Select one which best fits your work environment
- Help you develop this plan further and identify next steps for you.

This is designed to help create compassionate environments and initiate new compassionate practice across your organisation, with a secondary invitation to be more radical still and work across boundaries within your 'STP'.

Personal message from Yvonne: Are you in one of many organisations committed to improving your staffs' well-being? Are you finding it hard to maintain this focus AND deliver on more pressing challenges? If so this Improvement Lab may give you just the shot of energy you need. We would love to work with you in this vital work, and our previous labs appeared to be helpful to attendees - summed up by one participant "Excellent day- and leaving with a plan!"

Hope to see you there!

### Third Component

The University of Birmingham Team is also running specific focus groups, seeking to discover what compassionate leadership in palliative and end of life care means to people of the West Midlands. This will also involve exploring the feasibility developing an inclusive community of compassionate leadership practice. If you would be interested in participating on one of the focus groups we'd love to from hear you.

Personal message from Alistair: The Ambitions for Palliative and End of Life Care Framework (2015-2020) states: It is local leadership, in all that local leaders do, say and exemplify, that is vital to finding new ways of organising care and support for people. Yet what does this mean in the context of the West Midlands? If you would like to meet and explore the nature of leadership in Palliative and End of Life Care I would be delighted to explore this essential element care with you.

After a bespoke emotional  
labour 'Insight Safari', many  
staff chose Compassion  
Circles as their intervention  
of choice







Why is all this important  
in the NHS?

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In 2016, thirteen organisations from health, social care and local government came together to create the [Developing People Improving Care](#) framework, based on national and international research, and conversations held with people across the health and care system

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National Improvement and Leadership Development Board



# ‘Thriving at work’

Distress, stress, burnout, self-harm and ultimately, the loss of life due to these stressors are unacceptable. Across the UK this has been recognised in the Government review, *Thriving at Work* (2017) which summarised the evidence and made a case for improvements in workplace mental wellbeing.<sup>152</sup> We see this as a seminal report whose recommendations must be implemented in support of learners and NHS staff.

It is unclear to what extent increasing pressure on the NHS is contributing to mental ill health within the NHS workforce. While there are undoubtedly many people enjoying a happy working life, reports of distress in the workforce abound within academic literature, social media and the wider press. It would appear there is much work to be done. It is time to stop asking ‘should we?’ and instead question ‘how are we going to do this and when?’



*It is an odd anomaly that in a professional culture which deals with caring, there is still a lack of support for simply asking, ‘are you ok?’ and meaning it.*

Paul Farmer, Chief Executive Officer, Mind,  
personal communication

Years later...

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# 'Life in the raw'

**NHS**  
Health Education England

## NHS Staff and Learners' Mental Wellbeing Commission

February 2019



Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)

  
**THE NHS**  
CONSTITUTION  
the NHS belongs to us all

*'who cares for those who care for the nation's health?'*

Working in the healthcare sector is like no other employment environment. Daily, our staff are confronted with the extremes of joy, sadness and despair; a spectrum that encapsulates the euphoria of a new child successfully brought into the world and a loved one saved from certain death through the skills of the clinical team. This emotional labour is often exhausting. As was described to the Commission, many of our clinical staff retain a collection of curated traumatic memories of death and dying. Many of our staff, often young staff, see the horrors of extreme trauma; they see the aftermath of major road traffic accidents, suicide, and they see children in distress or dying and they help families cope with the loss of a loved one. They see the effects of deprivation and many see, what they described to us as 'life in the raw'. These

## NHS Staff and Learners' Mental Wellbeing Commission

February 2019



Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)



Evidence presented to the Commission appears to show that deaths by suicide among doctors in recent years are reducing but in other professions, including female nurses, the figures are increasing. Regardless of rate trends, behind every statistic is an individual person, a grieving family and friends. One death by suicide in our workforce or among those who are learning in the NHS is one too many.

Sir Keith Pearson JP DL NHS Staff and Learners' Mental Wellbeing Commission Chair



# NHS Staff and Learners' Mental Wellbeing Commission

February 2019



Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)

The NHS is founded on a common set of principles and values that bind together the communities and people it serves - patients and public - and the staff who work for it. If we are caring and compassionate, then we should be able to demonstrate those values as employers in the way we look after our employees.

Sir Keith Pearson JP DL NHS Staff and Learners' Mental Wellbeing Commission Chair

# The NHS People Plan

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A grey document titled 'Interim NHS People Plan' with the NHS logo at the top. The document is shown at an angle, partially overlapping a dark grey curved shape on the right side of the slide.

Interim NHS People Plan

**Creating a healthy, inclusive and compassionate culture, including a focus on:**

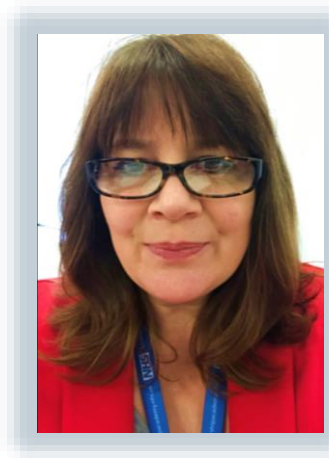
- o valuing and respecting all*
- o promoting equality and inclusion and widening participation*
- o tackling bullying and harassment, violence and abuse*

...enabling great development and fulfilling careers, and ensuring **everyone** feels they have voice, control and influence...

We must act.  
Words are not enough.

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#HelloMyNameIs Laura Jayne Simms



#iServe #OurNHSPeople #NHSConstitution

*‘Sustaining Compassion in Challenging times:  
The implementation of Taking Care Giving Care rounds and Compassion Circles in  
Wales’*

Equality & Inclusion System Influencer Lead, People Directorate  
NHS England and NHS Improvement



What's compassion got to  
do with equality and  
inclusion?

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# Professor Michael West 13/02/2020



Tweet



Michael West  
@WestM61



If NHS cultures are not inclusive  
they are not compassionate  
[vimeo.com/391191971?utm\\_...](https://vimeo.com/391191971?utm_...)  
(also [workplaceedi.com](https://workplaceedi.com))

 Vimeo



Visiting Fellow, Leadership and Organisational Development, The King's Fund and Professor of Work and Organisational Psychology at Lancaster University Management School

Despite repeated evidence of who experiences the most inequality and exclusion in the NHS, we often hear, yes, but ‘what about me?!’

Compassionate spaces honour each other, and allow us to listen to others lived experiences of exclusion, bullying, oppression and trauma without it becoming a competitive ‘top trumps’.

You matter, and we matter as well as I matter.

# The geese thing...

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## *Wild Geese*

You do not have to be good.

You do not have to walk on your knees  
for a hundred miles through the desert repenting.  
You only have to let the soft animal of your body  
love what it loves.

Tell me about despair, yours, and I will tell you mine.  
Meanwhile the world goes on.

Meanwhile the sun and the clear pebbles of the rain  
are moving across the landscapes,  
over the prairies and the deep trees,  
the mountains and the rivers.

Meanwhile the wild geese, high in the clean blue air,  
are heading home again.

Whoever you are, no matter how lonely,  
the world offers itself to your imagination,  
calls to you like the wild geese, harsh and exciting  
over and over announcing your place  
in the family of things.

*~ Mary Oliver*



# Compassion

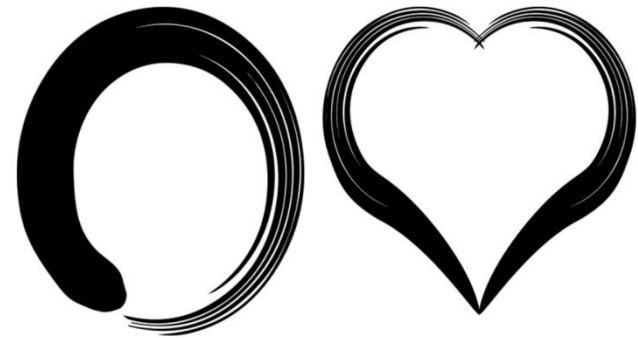
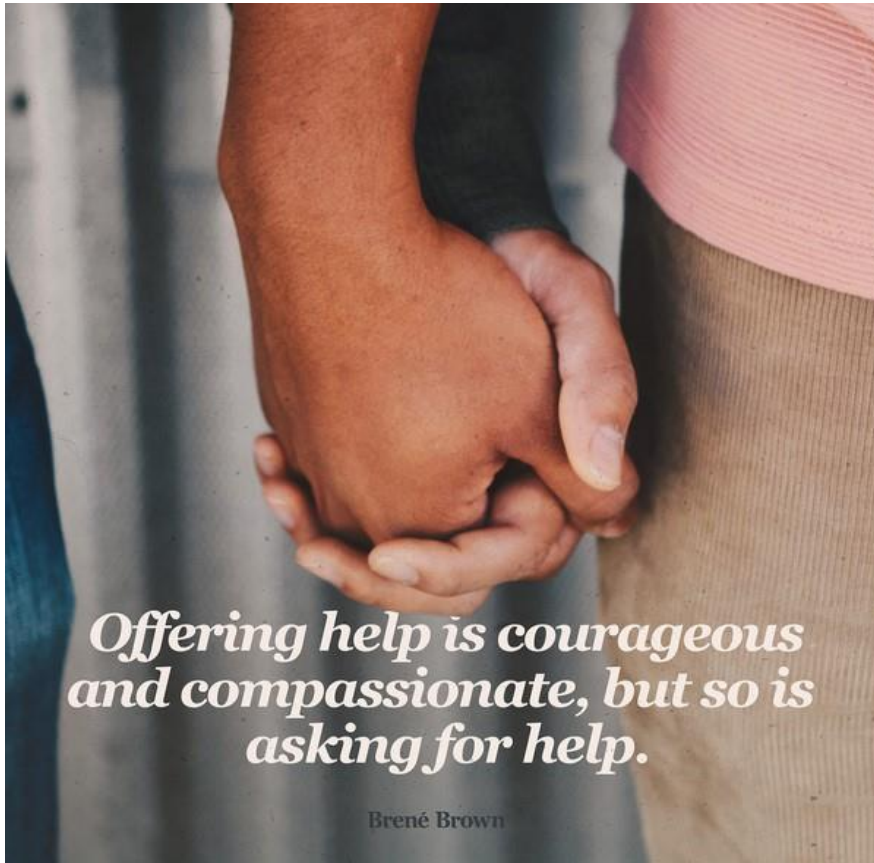
*“a sensitivity to suffering in **self** and others with a commitment to try to alleviate and prevent it”*

Professor Paul Gilbert, Compassionate Mind Foundation





# You Matter



YOU MATTER

# Compassion in health care

- Size of effects is greater than effects of aspirin in heart attacks, and of statins in five year risk of cardiovascular event
- High compassion conditions don't require more direct contact time

