WE ARE HERE FOR YOU

Our values & behaviours

We are here for you
Introducing

WE ARE HERE FOR YOU
Our values and behaviours have been developed with over one thousand staff and hundreds of patients to help us support each other to deliver the consistently high quality service our communities deserve.

The standards apply to all of us, and are a part of everybody’s job. That helps the trust achieve its strategic objectives.

Our pledge to each of our patients is ‘we are here for you’.

**OUR VISION**

Working together to be the best for patients. We will achieve this by focusing on:

- Proud people (our staff)
- Team work
- Innovation and continuous improvement

**WE STARTED BY LISTENING**

We started by listening to patients and staff to understand what quality really means to them.

They told us that patients should always feel cared for, safe and confident in the treatment they receive.

This feedback has been translated into 12 behavioural standards. The standards also include our commitment to each other – as colleagues – to do our best to ensure we are each appreciated, supported and encouraged in our work.

Each of us has a unique role to play in the future of this organisation. By working together we will demonstrate our commitment to the ‘we are here for you’ pledge for carers, visitors and each other.
Contents

1. OUR VALUES
Page 5

2. OUR BEHAVIOURAL STANDARDS
Page 8

3. WHEN IT’S REALLY IMPORTANT
Page 24

4. MAKING IT HAPPEN
Page 26
Over one thousand staff contributed to the development of a set of values that are shared across the whole of NUH.

These six values should inform every action we take, every decision we make, and all our behaviours. They are the behaviours we want to see and expect.

The behavioural standards support NUH in achieving its values and the desire to provide the highest quality of care to patients and each other, and to continue to improve the service we provide.
Values: Thoughtful patient care

CARING AND HELPFUL
- Polite, respect individuals, thoughtful, welcoming
- Helpful, kind, supportive, don’t wait to be asked
- Listening, informing, communicating

SAFE AND VIGILANT
- Clean hands and hospital so patients are safe
- Professional, so patients feel safe
- Honest, will speak up if needed, to keep patients safe

CLINICALLY EXCELLENT
Best outcomes through evidence-led clinical care
- Compassionate, gentle
- Treat the whole person
- See other people’s time as valuable
Values:
Continuous improvement

ACCOUNTABLE AND RELIABLE

• Reliable and happy to be measured
• Appreciative of the contributions of others
• Effective and supportive team-working

BEST USE OF TIME AND RESOURCES

• Simplify processes to find more time to care
• Eliminate waste, investing for patients
• Make best use of every pound we spend

INNOVATION FOR PATIENTS

• Empowered to act on patient feedback
• Improvement led by research and evidence
Our Behavioural Standards

Developed with more than 1,000 staff and patients

These behavioural standards will help us to be more consistent in what we do and say to help people to feel cared for, safe and confident in their treatment.

Our standards apply to our behaviour with our patients, visitors and colleagues every day, in everything we do and say.

It’s important for all of us to think about how these behavioural standards can be applied to our work with patients and families.
OUR PLEDGE TO PATIENTS…

At Nottingham University Hospitals ‘we are here for you’.

We pledge to patients that all day, everyday, we will all do our very best to ensure:

• Patients are cared for politely and respectfully by kind and helpful staff, who have the time to listen to and keep them informed at every step

• Patients are safe in clean and comfortable facilities, with highly professional teams who work together to make sure they are in safe hands

• Patients are confident in your treatment, provided by well-trained, skilled and compassionate teams, who involve patients in their care and appreciate the value of patients’ time

OUR COMMITMENT TO EACH OTHER…

To support our pledge to patients to be ‘here for you’, all of us at Nottingham University Hospitals commit to each of our colleagues to do our best to ensure:

• You are appreciated for your contribution by kind and helpful colleagues, who value those who take responsibility for doing a good job

• You are supported to make the best use of your time, by simplifying processes, eliminating waste, and streamlining communication to ensure everyone can be focused on high quality care for patients

• You are encouraged to improve the quality of our service to patients, by listening to patients’ needs and through evidence-led improvement, team working, training and personal development
Our behavioural standards

1. POLITE & RESPECTFUL
   Polite and respectful of every individual in our team. Not bullying, discounting or ignoring.

2. COMMUNICATE & LISTEN
   Find the time to listen and value others views, ask open questions and keep people informed.

3. HELPFUL & KIND
   We should all be someone our colleagues can rely on (whoever they are/whatever their role).

4. VIGILANT (PATIENTS ARE SAFE)
   Contributing to a safe and tidy work environment; not expecting others to tidy up after us.

5. ON STAGE (PATIENTS FEEL SAFE)
   We imagine anywhere, anyone can see, hear us, is ‘on stage’. Always look and behave appropriately.

6. SPEAK UP (PATIENTS STAY SAFE)
   Speak up for our standards when colleagues don’t follow them, and appreciate them when they do.
**OUR BEHAVIOURAL STANDARDS**

7. **INFORMATIVE**
   Involve colleagues in the service you deliver with, or for them, so they know what’s happening.

8. **TIMELY**
   We see other people’s time as valuable and strive to provide a timely service.

9. **COMPASSIONATE**
   Consider our colleagues, patients, visitors, carers’ feelings. Think how it would feel in their shoes.

10. **ACCOUNTABLE & APPRECIATIVE**
    Take responsibility for your own actions and results.

11. **MAKE THE BEST USE OF TIME & RESOURCES**
    Simplify processes and eliminate waste, while improving quality.

12. **ALWAYS IMPROVING**
    Working in teams to innovate and to solve patient frustrations.
Whatever our role, we are polite, welcoming and positive in the face of adversity, and are always respectful of people’s individuality, privacy and dignity.

“Patients are often anxious when we first see them so we always give a polite and positive welcome.”

1. POLITE & RESPECTFUL

DO

Give an instant welcome, make eye-contact, smile appropriately

- Everybody – Introduce yourself by name, role and what you are going to do (in person or on the phone)
- Ask permission e.g. using ‘may I’ before anything you do
- Use the name the patient prefers
- Respect different cultures/beliefs
- Imagine what it’s like in their shoes
- Respect privacy and confidentiality

DON’T

Make people wait more than 10 seconds to know you’ve seen them – whether a patient or a colleague

- Make communication difficult by avoiding them, eye-rolling or tutting
- Talk over patients, or depersonalise them as a medical condition or ‘a breach’
- Assume you can ‘do to’ people without their permission
- Use belittling/over-familiar names e.g. ‘love’, ‘duck’, ‘sweetheart’, ‘dear’
- Forget patients are people
- Embarrass a patient or colleague in front of other patients or staff
We take the time to listen, asking open questions to hear what people say; and keep people informed of what’s happening; providing smooth handovers.

“Patients don’t always want to be a bother, so we always ask open questions and let them know what’s happening.”

DO
Ask open questions: starting with ‘how’ or ‘what’ e.g. ‘How can I help?’
• Really listen to and hear the answer
• Let people know what’s happening now, and what will happen next
• Keep people informed when they are waiting e.g. late clinic
• Include young people and patients with dementia in discussions, up to their level of understanding
• Ensure you know what the rest of the team knows e.g. read notes, ask colleagues for an update
• Thoroughly brief anyone picking up from you; check later it’s going OK
• Be aware of your body language/non-verbal communication does this back up what you are saying
• Involve carers where appropriate

DON’T
Ask closed questions starting with ‘is’, ‘are’, ‘do’ or ‘can’ which people can answer with just ‘yes’ or ‘no’ (other than when clinically necessary)
• Assume you know their answer
• Leave patients waiting/worrying without knowing what’s going on
• Ignore patients who are out of sight (e.g. behind a curtain) or waiting patiently to be seen
• Just send an email or a letter simply because it seems easier for you
• Expect a patient to tell you what they have already told a colleague
• Expect a colleague to pick up from you without a briefing, or leave it to them to pick up the pieces
3. HELPFUL & KIND

All of us look out for and don’t avoid people who need help. We take ownership of delivering the help and can be relied on.

“The real opposite of courtesy is ‘avoidance’ so we keep our eyes open for people who need help.”

**DO**

*Look out for people who need help or who could be more comfortable*

- Notice the signs e.g. people who seem lost or unsure
- Be approachable
- Be vigilant that patients are eating and drinking
- Be accommodating, look for solutions to address people’s practical needs
- If you can’t do it, find someone who can, and check up later it’s done
- Be someone people can rely on
- Go the extra mile when it’s important for patients e.g. food, pain, toilet

**DON’T**

*Look the other way or avoid eye contact to avoid helping people*

- Wait for (or ignore) the call bell
- Ignore patients or colleagues so they feel invisible or unimportant
- Assume someone else will do it
- Tackle a task you’re not skilled to handle, or just ignore it
- Abdicate responsibility e.g. “she’s not my patient”
- Make empty promises, e.g. promise to ‘be back in 5 mins’ but never return
- Forget small things or information patients have asked for
- Set unrealistic expectations
Every one of us is vigilant across all aspects of safety, practices hand hygiene and demonstrates attention to detail for a clean and tidy environment everywhere.

“Ensuring patients are safe in our care is our first priority. That means clean hands and a clean hospital.”

**DO**

- Practice hand hygiene; encourage colleagues/visitors to do so too
- Let patients see/know you have cleaned your hands
- Always put patient safety first
- Follow all patient safety and infection control procedures
- Speak up if you believe patient safety is being compromised
- Take pride in having a clean and tidy environment
- Pick up litter; report mess or full bins
- Remember we all have a responsibility to keep our hospitals clean
- Decontaminate hands at point of care

**DON’T**

- Be frustrated with patients if they ask you to clean your hands again
- Eat or drink in clinical areas
- Tolerate unsafe practice in any circumstances e.g. to meet a target
- Criticise others for speaking up on behalf of patients’ safety
- Walk past rubbish, mess or clutter without tidying it up; or leave a dirty cup for someone else to wash up
- Leave it for the cleaner if you can clear it up straight away
Imagine that anywhere patients or visitors see or hear us is ‘on stage’. So always look and behave professionally, acting as an ambassador for the Trust, so patients, families and carers feel safe.

“People are reassured when we behave professionally, so we always imagine we are on stage.”

**DO**

Follow the uniform and work wear policy to create an atmosphere of professionalism and cleanliness

- Ensure patients feel we have time to listen/respond to their needs
- Keep a positive and calm demeanour in front of patients
- Take conversations about operational and personal matters away from patients’ earshot
- Write e-mails in the same style as a formal letter

**DON’T**

Cause patients to worry with behaviour they see as unprofessional e.g. criticise colleagues, the organisation

- Make patients feel they don’t have your full attention e.g. talking about your private life when caring for a patient
- Say you are ‘busy’, making patients worry about quality of care
- Pass your stresses onto patients
- Have conversations about work that may cause patients to worry – at the bedside, nurses station or anywhere you can be overheard
We are confident to speak up if colleagues don’t meet these standards, we are appreciative when they do, and are open to ‘positive challenge’ by colleagues.

“To consistently be here for our patients we have to be honest about the times when we aren’t.”

**DO**

Speak up when our standards are not being displayed, or when patient safety is compromised

- We all make mistakes – apologise and take ownership when you do
- Tactfully and positively feedback to others as an opportunity to learn
- Be appreciative when people do a good job
- Accept feedback from others as an opportunity to improve
- Accept that consistent standards apply to everyone
- Acknowledge people’s concerns and feelings when they are upset
- Speak up if our standards are not being displayed, or patient safety is compromised

**DON’T**

Ignore behaviour that may cause patients to worry or be unsafe

- Criticise or judge the behaviour of others
- Believe that you can’t change your behaviour
- Dismiss other people’s views or feelings when they are upset
- Pass the buck or blame other people, departments, or the Trust
- Ignore others when they speak up
We involve people as partners in their own care, helping them to be clear about their condition, choices, care plan and how they might feel. We answer their questions without jargon. We do the same when delivering services to colleagues.

“When patients are informed and confident in their treatment, they recover more quickly.”

**DO**

**Use language people understand**
- Set clear expectations for patients
- Use drawings, diagrams and objects to explain things, where it can help
- Recap. Check they’ve understood
- Involve people in decisions about their care, and discuss the options
- Explain what will happen during treatment, and the risks/benefits
- Give people a chance to ask all their questions
- Give patients an opportunity to talk about their fears and worries
- Use appropriate language for each individual to share information

**DON’T**

**Assume people know what is happening to them**
- Assume children or people with learning difficulties will understand the same information as their carers
- Use jargon or acronyms
- Assume you know what the patient wants
- Assume because you’ve said it, the person has understood
- Cut patients off before they have asked all their questions
8. TIMELY

We appreciate that other people’s time is valuable, and offer a responsive service, to keep waiting to a minimum, with convenient appointments, helping patients get better quicker and spend only appropriate time in hospital.

“Every minute is valuable to our patients, so we strive to provide a timely service.”

DO

Respond as quickly as you can to patients’ needs, provided it’s safe

• Prioritise patients over administration that could wait for a few minutes
• Arrive on time for meetings/clinics
• Strive to continuously reduce waiting times for treatment
• Look for ways to continuously reduce unnecessary waiting
• Be honest about delays (don’t say ten minutes if it’s going to be an hour)
• Offer a choice of appointment and visiting times to suit patients

DON’T

Waste other people’s time by being late for meetings or appointments

• Leave phones unanswered
• Arrange things for our convenience
• Make people give the same info more than once, unless clinically required
• Expect people to go out of their way to fit into our processes
• Unnecessarily interrupt colleagues
We understand the important role that patients’ and families’ feelings play in helping them feel better. We are considerate of patients’ pain, and compassionate, gentle and reassuring with patients and colleagues.

“We can respect our patients’ dignity by imagining how we’d want our loved ones to be treated”

**DO**

Consider patients’ and families’ feelings as people – especially when people have had bad news

- Imagine what it’s like in their shoes
- Keep your eyes open for patients, relatives, visitors or colleagues who may need comforting
- Where possible reduce anxiety by saying you will be gentle
- Acknowledge the pain people are feeling
- Treat the whole person

**DON’T**

Assume people would feel the same as you, or share your views

- Think compassion applies only to patients, we need to support our colleagues too
- Barge in without thought
- Think about something else while dealing with a patient
- Trivialise the pain a patient is feeling
- Let processes be an excuse for leaving a patient in pain
- Ignore or avoid patients’ distress
Take responsibility for your own actions and results. Each one of us looks to simplify processes, eliminate waste, and increase efficiency while improving patients’ experience.

“Continually improving for patients is everyone’s job. Start by listening to patients’ frustrations.”

**DO**

Regularly review your performance and your team, against hard data, staff and patient views

- See performance management against our standards as an opportunity to improve for patients
- Carry out regular appraisals and personal development reviews
- Give constructive feedback
- Appreciate feedback provided
- Share performance data

**DON’T**

See feedback and performance management as criticism or bullying

- Only measure ‘hard’ data and outcomes without also valuing patients’ views on how we perform
- Automatically dismiss feedback
- Just focus on what staff deliver, think about ‘how’ they deliver it
- Presume that nothing could be better
- Presume someone else will do it/think of it
11. BEST USE OF TIME & RESOURCES

We are happy to be measured and held accountable for our own role, quality for patients, and Trust performance.

“It’ll be quicker to do it right now”

**DO**

Look for ways of how caring can be more efficient e.g. right first time, regular nurse ward rounds

- Simplify processes, cut out waste
- Review how you are doing and take action when off track
- Take responsibility for your own actions
- Work collaboratively to support patients pathways in health care
- Think continuously about improvement
- Use technology effectively

**DON’T**

Think that providing a better experience for patients needs to take up more time

- Wait to make a suggestion
- Put things off that could be done now
- Think you haven’t got time for patients
- Think it is someone else’s job
12. ALWAYS IMPROVING

We seek out and act to solve patients’ frustrations, and take part in evidence-led improvement.

“Continually improving for patients is everyone’s job”

**DO**

Seek out feedback from patients/colleagues to find ways to improve, and act on what you hear

- Apply evidence-led best practice to improve personal/team services
- Review incidents and act on learning
- Include patients to develop our service
- Take personal responsibility for keeping up to date with Trust and professional knowledge
- Get involved with service improvement
- Share learning, even when things did not go to plan
- Improve by working with partners
- Use the ‘Just Do It’ scheme to improve

**DON’T**

See improvement and innovation as someone else’s job

- Think we can’t change things because they’ve always been done that way
- Ignore people’s frustrations
- Ignore new technology
Our standards are most important at the times when they are most difficult to deliver. This could be because it’s a difficult moment for the patient, or because it’s most complex or time-pressured for us.
DIFFICULTIES FOR PATIENTS, CARERS AND RELATIVES

First impressions
When patients are worried, first impressions affect their view of the whole service. To patients, a messy corridor could mean that the ward will be dirty too; a distracted receptionist or a curt consultant could mean lack of attention to detail clinically; if we seem too busy to listen will we be too busy to provide good treatment?

When a patient is in pain
People feel pain in different ways. We may have seen it all before, but to each patient their pain is very real. Studies show the most satisfied patients are those whose pain is most quickly dealt with.

Long, lonely waits
Patients get anxious and lonely waiting for appointments, results or the next step in their care. Keeping them informed can ease their fears. At night, peace and quiet helps them sleep, not worry.

Consultation and treatment
This is when patients can be most stressed and when personal dignity can be compromised if we don’t listen. Make sure patients are comfortable and always consider them as people not just a condition.

DIFFICULTIES FOR US

We ‘grow our own’ difficult situations
Patients and relatives are often worried, lonely or in pain. They are allowed to be abrupt, to want to know what’s going on, to expect to be cared for. By ignoring their needs we ‘grow our own’ difficult situations. By imagining how it is for them, listening and being polite we can build empathy and diffuse difficult situations.

The busy ward
We are often busy with patients, colleagues and processes making calls on our time. But the right thing usually takes no more time, and it is more efficient (e.g. regular nurse ward rounds).

The complex condition
Vulnerable adults often have complex needs. People with dementia, stroke or learning difficulties can find it difficult to understand what’s happening, to talk or walk unaided. It is important to be patient and for colleagues to support one another.

“That’s just me”/ “Who are you to tell me?”
The vast majority of staff in our hospitals are committed to caring for patients, but sometimes people find it difficult to show they really are here for patients. They might behave inappropriately ‘on stage’ causing patients to worry. Staff might get prickly when challenged, or suggest that because they work in a corporate role their work has no effect on patients. It is important we support all our colleagues to do their best.
STANDARDS INTO ACTION

On top of staff training take advantage of team workshops to locally define service excellence. Use feedback, complaints and incidents to identify specific standards to focus on.
DIFFICULTIES FOR US

Day-to-day peer support
Support your team and colleagues as you go about your day-to-day work through regular conversations and meetings.

Appraisal
Remember to look at the behaviours expected in a person’s role, and to identify skills, competencies and development areas.

Recruitment and interview
Select the behaviours most helpful in the job role to ‘recruit the attitude’ alongside technical competence.

Central and local induction
Make sure people know when they start what behaviours we expect across the Trust.

Measurement
Review the many measures we have around patient access, infection prevention and control and clinical outcomes as well as patient reported views on key aspects of whether they feel cared for, safe and confident in their treatment.