

#hellomynameis

During 2013 Dr Kate Granger, a senior registrar specialising in the care of older people, and who is also terminally ill, was an in-patient in NHS care and noticed that only some members of the healthcare team looking after her introduced themselves. Kate wondered why this fundamental element of good communication (the introduction) seemed to have failed. She noted how members of healthcare staff know so much about the patients in their care but that this is not always reciprocated and she pointed out that this tends to push the balance of power in favour of the healthcare worker. Given that people receiving treatment and care often feel vulnerable already, this imbalance creates an unhelpful and unfortunate gap.

Kate shared her views via twitter and suggested that getting to know people's names is the first rung on the ladder towards providing compassionate care. It is getting the simple things right that means that the more complex things follow more easily and naturally. As a result, the idea of #hellomynameis was born.

Since then people have taken steps in all manner of ways to ensure that this key bit of compassionate care; the introduction, happens. Some organisations have created name boards in their clinical areas headed 'Hello My Name Is...' and others have used it as they start their speeches at conferences and other events or placed it on name badges.

There is further work to do however. As Kate has pointed out, the NHS employs 1.4 million people and many, many of these people interact directly or indirectly with patients at some level. Influencing practice in this small way could have a major impact on the outcomes of care and treatment, not least of all around the patient's experience of that care.

1.18 Giving compassionate care may seem entirely reasonable to expect in a caring environment, but it can be incredibly hard work on the part of the individual providing the care. The emotional engagement and time required should not be underestimated^{vi}. So if staff are to deliver good, compassionate care, it is critical to care for them so that they can care properly for others. Good working environments have the right levels of staff with the right skills, and support from colleagues and managers. Where staff are able to reflect on their practice individually and in teams, they can build on what works well and identify areas for improvement. Spaces for reflection and discussion such as Schwartz Rounds can help staff come to terms with the realities of caring.

1.19 Staff wellbeing is the foundation on which compassionate care must be built: it cannot be 'engineered in' through initiatives when this necessary condition does not apply. So, while compassionate care depends profoundly on the personal commitment of people providing the care, that does not mean that sole responsibility for achieving compassionate care should be placed on those who care directly for people using services, or imagine that it either 'comes naturally' or not at all. These themes are explored more fully in the Chief Nursing Officer's nursing strategy *Compassion in Practice*.

1.20 Systematically creating an environment in which compassionate care is the norm requires imaginative commissioning, organisational commitment, planning, education, training,