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# Supporting Compassionate Practice Environments (SCoPE) End of Phase Report

October 2024 – October 2025

**NURSING PRACTICE ACADEMY**



# Acknowledgements

The RCN would like to thank everyone involved in this project including both the delivery group and oversight group members (see pages 8-9 for further detail), and all colleagues who supported the pilot work in Oxleas NHS Foundation Trust.

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# Executive summary

This report outlines the development of the Supporting Compassionate Practice Environments (SCoPE) initiative, responding to the RCN Congress 2023 resolution on suicide prevention in the nursing workforce.

The project aimed to create a Quality Mark of Excellence framework to support compassionate workplace cultures across health and care services. It was delivered in three phases: a literature review, focus groups, and a pilot implementation. Key themes: autonomy, belonging, and contribution, guided the development of 25 practice standards.

The initiative was informed by evidence, practitioner insights, and ethical considerations, and piloted at two sites within Oxleas NHS Foundation Trust. The final standards are designed to be practical, inclusive, and adaptable, with a view to improving staff wellbeing and care quality.

# Glossary of terms

Term	Definition
<b>ABC Framework</b>	A model from <i>The Courage of Compassion</i> (Kings Fund, 2020) that identifies <b>autonomy, belonging, and contribution</b> as essential components of compassionate workplace cultures.
<b>Appreciative approach</b>	A strengths-based method used during the pilot phase to recognise good practice and encourage reflective learning and development.
<b>Autonomy</b>	The ability of staff to act independently and make decisions within their scope of practice, contributing to a sense of professional agency.
<b>Belonging</b>	A sense of inclusion and connection within the workplace, where staff feel valued and part of a team.
<b>Contribution</b>	The recognition and meaningful involvement of staff in shaping care and workplace culture, reinforcing their impact and purpose.
<b>Compassionate leadership</b>	A leadership style that is relational, trauma-informed, and values-driven, fostering psychological safety and trust.
<b>CQC</b>	Care Quality Commission – the independent regulator of health and social care in England. Mentioned in relation to staff concerns about scrutiny and inspection.
<b>COSHH</b>	Control of Substances Hazardous to Health – UK regulations requiring employers to control substances that are hazardous to health.
<b>CPD (Continuing professional development)</b>	Ongoing learning and development activities that support professional growth and competence.
<b>EDI (Equality, diversity and inclusion)</b>	A framework and set of principles aimed at ensuring fair treatment, representation, and opportunity for all staff.
<b>Generation Z</b>	Refers to younger members of the workforce, typically born between the mid-1990s and early 2010s, whose workplace needs and expectations may differ from previous generations.
<b>Green plan</b>	An organisational strategy to promote environmentally sustainable practices in health care settings.
<b>Moral distress</b>	Emotional discomfort experienced when one is constrained from acting on deeply held ethical beliefs.
<b>Moral injury</b>	Psychological harm resulting from actions, or lack thereof, that violate one's moral or ethical code—often linked to workplace processes like suspension or investigation.
<b>PCREF (Patient and Carer Race Equality Framework)</b>	A framework designed to improve race equality in mental health services, referenced in relation to workplace equity.
<b>Psychological first aid</b>	Immediate, compassionate support provided to individuals following traumatic events, aimed at reducing distress and promoting recovery.
<b>Reflective practice</b>	A structured process where individuals or teams critically examine their experiences to learn, grow, and improve future practice.
<b>Trauma-informed principles</b>	Approaches that recognise the impact of trauma and prioritise safety, trust, collaboration, and empowerment in leadership and care.
<b>Workforce race equality standard (WRES)</b>	A set of measures used to monitor race equality in NHS organisations, referenced in evaluating equity in education and environment.

# Background and rationale

At RCN Congress in 2023, members voted in favour of a resolution calling on RCN Council to lobby for the implementation of an evidence-based, integrated suicide prevention programme for the UK nursing workforce. In response, the RCN commissioned a deep dive into its data to better understand the factors contributing to the rising number of members reporting suicidal thoughts. A report was produced, leading to key recommendations.

These recommendations centred on a core theme: the creation of compassionate workplaces as a foundation for quality care. They also emphasised the integration of professional support tools, the establishment of accountability, and the recognition of achievements across all system levels. Additionally, they called for a preventative approach, compassionate responses, support for new leaders and managers, regular updates, a focus on recovery and return, and peer support initiatives to foster safe and supportive work environments.

While the concept of compassionate workplace cultures is well-established in policy, guidance, and literature, the COVID-19 pandemic placed unprecedented strain on the UK's health care workforce, particularly nurses and midwives. Their wellbeing is essential to delivering high-quality care. *The Courage of Compassion* (Kings Fund, 2020) outlines key actions to improve working conditions, but many of its recommendations remain unimplemented. This project builds on that work and the suicide prevention deep dive to develop practice standards that can be accredited, setting a new benchmark for nursing and the wider health and care workforce.

# Project aim

To develop a comprehensive quality mark of excellence framework that enables employers to enhance the experiences of the nursing workforce across health and care services.

# Project objectives

1. Conduct a literature review on compassionate leadership, autonomy, belonging, contribution, and validated tools/measures related to compassionate care and workplace cultures.
2. Facilitate on-site focus groups with multi-professional staff, middle managers, and senior leaders to explore compassion in the workplace, identify barriers and enablers, and co-develop ideas for standards.
3. Develop practice standards informed by the literature review and focus groups using an iterative, inductive approach.
4. Pilot the standards at two selected sites in partnership with Oxleas NHS Foundation Trust.
5. Produce a report documenting each phase and outlining the Quality Mark of Excellence framework.

# Internal delivery team

The team met monthly throughout the project:

- Dr Stephen Jones, UK Head of Nursing Practice
- Dr Liz Walsh, UK Professional Lead for Justice and Forensic Nursing
- Kim Sunley and Leona Cameron, Heads of Health, Safety and Wellbeing
- Tricia Leonard, RCN Counselling Service Advisor
- Dr Sheena Gohal, RCN Head of Nursing, Leadership Academy (until Summer 2025)
- Rose Gallagher, RCN Professional Lead for Sustainability
- Anna Shipway, RCN Information Skills Specialist, Library Services
- Kate O'Molloy, RCN Project Manager
- Megan King and Ana Champou, RCN Administrators

# Oversight and expert reference group

- Helen Williams, UK Health and Safety Reps Committee representative, RCN
- Ellie Gordon, Mental Health Forum Committee representative, RCN
- Rabina Tindale, Nurses in Management and Leadership Forum committee representative, RCN
- Ellen McNicholas, Director, RCN Southeast Region
- Lisa Elliot, Director, RCN London Region
- Terina Scheers, Associate Director, Member Relations, RCN
- Hannah Cadogan, Lead Nurse for Lived Experience, RCN
- Professor Richard Williams, One Voice Group Chair
- Suzie Bailey, Director of Leadership and Organisational Development, The Kings Fund
- Sonya Wallbank, Programme Director, The Kings Fund
- Sarah McGloin, Head of Grants and Impact, RCN Foundation
- Jane Wells, Chief Nurse, Oxleas NHS Foundation Trust
- Julie Onyegbula, Deputy Chief Nursing Officer, Oxleas NHS Foundation Trust
- John Bryant, Head of Member Communications, RCN
- Grace Batterham, RCN Stakeholder Engagement Advisor
- Dr Annessa Rebar, Assistant Professor, Mental Health, University of Northumbria
- Rebecca Kenny, Head of RCN Foundation Centre for Compassionate Leadership in Nursing (from October 2025)

The group met in March, June, and October 2025. Members included representatives from RCN committees, regional directors, external experts, and Oxleas NHS Foundation Trust leadership.

Independent critical support and supervision for the project lead was provided by Sonya Wallbank (Kings Fund).

## Ethical considerations

Formal ethical approval was not required. However, ethical implications were carefully considered, including informed consent for focus group participation and reflexive practice throughout the research process. Transparency, awareness of bias, and best practice approaches were prioritised in all stages of the project.

# Phase one: literature search and analysis

Following the first meeting of the delivery group, six literature searches were agreed.

- Any work that had reviewed the impact of the Kings Fund publication *Courage of Compassion* between 2019 and the date of search, on practice
- The mental health and wellbeing of nurses, midwives, nursing students and health care assistants in the UK with a focus on the impact of COVID-19.
- The mental health and wellbeing of nurses, midwives, nursing students and health care assistants in the UK, not related to COVID-19.
- Compassionate leadership and compassionate culture in health care.
- Measures and tools used to assess compassionate cultures and leadership practices.
- Work satisfaction of nurses, midwives, nursing students and health care assistants in the UK.

Delivery group members read the literature searches and associated publications independently of one another, then met to discuss their thoughts and findings. Consensus was reached on the key areas of interest and focus. It became clear in the literature that the *Kings Fund Courage of Compassion ABC Framework* (autonomy, belonging and contribution) (Kings Fund, 2020), was well placed to help guide analysis and reflections. The literature was then revisited a second time by the delivery team and viewed through the lens of the ABC framework.

From the literature, it is clear that nurse wellbeing is central to quality patient outcomes (Jackson et al., 2025). Through considering the literature searches that were undertaken, the delivery team identified the impact of physical working conditions eg, space, shift patterns, fatigue, etc. and the need for safe psychological conditions, on health care professionals' wellbeing at work, (Dent et al., 2024, Kirk et al., 2022, Richards, 2024, Suter et al., 2020 and Troth, 2024). Also of note was the wealth of literature that focused on the importance of compassionate leadership on the wellbeing of staff and the quality of care, (Collins et al., 2024, Foster, 2024, Lown, 2021, Odell, 2021 and Thomas, 2024). Literature was also explored that considered the impact of the practice environment on Generation Z (Flynn and Barker, 2024) which led to further consideration of the needs of different generations in nursing.

Following the assimilation of the literature, data from the practitioner perspective were also collected from two conferences. Firstly, colleagues at the RCN Joint Representatives Conference, held in October 2024, were asked to reflect on autonomy, belonging and contribution in the practice setting. This was in keeping with the way in which the literature had been viewed through the lens of the *Courage of Compassion ABC* (Kings Fund, 2020). Colleagues identified the importance of feeling valued at work and being able to practice in an environment where compassion for both staff and patients is prioritised. Of note in this feedback is the strength of feeling that comes across in relation to the need for compassionate leadership and a culture that is fair, civil and just.



In addition to the RCN Joint Representatives conference, delegates at a conference held in April 2025 by the Intensive Care Society, and where Dr Jones was presenting our work, were consulted via Mentimeter (interactive software that enables anonymous feedback in real time) on their thoughts and views around compassionate workplaces. Colleagues who shared their thoughts included consultants, nurses and a psychotherapist. When asked about the key ingredients to ensure a compassionate workplace, respondents noted the importance of compassionate leadership in an environment where staff are valued. Also mentioned was the need for people to work in an environment where staff feel comfortable and safe to speak out and ask for help and support when needed. This is something we have heard repeatedly from practitioners during this project.

As well as exploring the literature and collecting data from practitioners via the two conferences mentioned above, publications including the RCN's *Nursing Workforce Standards* (RCN, 2025), *Understanding the Factors Underpinning Suicidal Ideation Amongst the UK Nursing Workforce, 2022-2024* report (RCN, 2024), NHS Resolution's *Just and Learning Charter* (NHS Resolution, 2023), the internal RCN Equality, Diversity and Inclusion policy, and anonymised data from the RCN counselling service all informed the development of the standards.

# Phase two: focus groups and standard generation

All information gathered from the literature searches, policy and strategy publications and the two conferences detailed above, then informed the topic guides for our focus groups, which took place over two days at Oxleas NHS Foundation Trust Headquarters during February 2025.

The focus group guide was devised to enable us to gain perspective on how colleagues viewed compassion in their workplace and their own understanding of the concept. Further questions were framed around the Kings Fund Courage of Compassion ABC model (autonomy, belonging and contribution). Both groups were led and facilitated by LW with SJ and SG participating to provide perspectives on the conversation and ensure rigour in the group process.

An information sheet was sent to all those invited to the focus groups by the chief nurse at the trust, which extended an invite to get in touch with the project leader prior to the meetings to seek any further information. The information sheet also made it clear that involvement with the project and attendance at the focus group was voluntary.

**Focus group one** comprised 16 people including one health care support worker and 14 registered nurses that included clinical leads, practice development nurses and heads of nursing (senior leaders) and one occupational therapist (in role as allied health professional faculty lead). The group lasted 1 hour 45 minutes.

**Focus group two** comprised 14 people and included one health care support worker, two psychiatrists, one occupational therapist and 10 registered nurses.

Reflective notes were taken during the focus groups, which were then written up and disseminated amongst LW, SJ and SG. Subsequent team reflection enabled the development of three clear themes under which to group our practice standards: education, environment and experience.

Draft standards were then developed via the delivery group, and the first draft presented to the project oversight group in March 2025, for consideration and feedback.

Standards were then revised considering the feedback from colleagues both at the oversight meeting and via email from those who could not attend the meeting.

The standards were then presented to the project oversight group in June 2025, for agreement prior to the pilot phase.

# Phase three: pilot standards

Given the focus on compassion in this work, it was felt that piloting the standards should be underpinned by an appreciative approach, where good practice and experience is recognised in all discussions followed by consideration of the ways in which colleagues can learn from experience to affect change and support development. It was felt that during the pilot phase, staff we spoke to were supported and gently challenged to reflect on their own practice areas and consider how their practice could be developed.

The standards were presented to staff from two practice areas in Oxleas NHS Foundation Trust in August 2025. These sites were chosen for both their diversity and enthusiastic engagement. Staff from one of these practice areas had also been part of focus group one. The two areas chosen were Barefoot Lodge, a 15-bed inpatient open rehabilitation mental health unit for people with significant mental health needs, and staff from several of the community adult learning disability teams.

**Site one: Barefoot Lodge.** We visited the unit for an afternoon, to present the standards to staff and facilitate discussion as to their content. We also considered how they may be assessed in practice. Colleagues who attended and engaged in reflection on the standards with us, included the unit manager, nurse consultant, registered nurses and nursing students. Feedback was positive, with minimal changes to the standards proposed. It was clear that there were some ideas concerning assessment of the environment against the standards and the practicalities of being assessed.

**Site Two: The community adult learning disability teams.** We met staff from the community adult learning disability teams at Queen Mary's Hospital in Sidcup where we presented the standards, reflected on them, and discussed how they might be evidenced in practice. Through rich discussion, we were led to amend some of the terminology in the standards and reconsider our initial thoughts on a quality mark of excellence framework. The team agreed to share the standards with their colleagues, and we were invited back for a second visit, to meet other staff, discuss the standards and further consider a quality mark of excellence framework. The standards were felt to be appropriate, and required little amendment, however, staff were very clear that our quality mark of excellence framework would need to be enacted with compassion, given the intense scrutiny they already face from other directions eg, the Care Quality commission (CQC). This will be discussed in phase three.

Staff from both Barefoot Lodge and the community adult learning disability teams reported that they would welcome a resource book to accompany the standards and further advice and support to enable them to meet them.

Final comments were requested from the oversight group regarding the standards and a final version developed to encompass feedback from them and the two pilot sites. The standards were then reviewed by the delivery team, and our sustainability lead in particular, to ensure appropriate sustainability issues had been addressed and featured.

A final draft of the standards was then presented to the project oversight group at the last meeting of this stage of the work. The standards, as agreed by the project oversight group.

# An introduction to the practice standards

The practice standards were developed to strengthen and grow compassionate practice environments to enable the nursing workforce to provide high quality health care. Three themes were identified following extensive interrogation of the evidence base, current dominant discourses in practice, and focussed discussion with experts in the field.

The three themes are:

1. experience (standards 1-8)
2. education (standards 9-19)
3. environment (standards 20-25).

For each standard, key points are noted that are deemed to be good practice in relation to it, however, these points are by no means exhaustive. They serve to illustrate some of the key behaviours in, and characteristics of a practice setting that, when placed in context together, enable a compassionate workplace. For a practice setting to be accredited by the RCN as a 'compassionate environment', it will need to meet all 25 standards. Much discussion took place in considering the levels of excellence, but it was felt that all standards are equally as important in all workplaces.

## Additional resources to support practice areas and organisations

Following feedback during the piloting phase of the work, it became clear that colleagues were struggling to conceptualise the standards and work out what they would mean in their own settings.

The standards need to be generic enough to apply to all practice settings, with examples of good practice to enable the user to easily apply them to their own setting. However, following reflection on the pilot phase, and in keeping with the compassionate approach to our work, we plan to develop a resources guide to support people to use the standards. This guide will consist of links to online resources and references to literature and useful information.

# Next steps: the quality mark of excellence framework

During this project, the future quality mark of excellence framework for the standards has been emerging, based on the experiences of the project delivery group and most notably, from the feedback and discussion that has taken place during the piloting of the standards.

Whilst traditional quality assurance frameworks require organisations to submit evidence for scrutiny and engage with both virtual and in person enquiry from an assessor, colleagues likened it to CQC inspection visits and spoke of both the anxiety and workload this entails.

In keeping with our underpinning compassionate approach, it is felt that an in-person initiation of the quality mark of excellence process needs to be adopted to enable relationship building with colleagues, and ensure further development is well supported going forwards, should the practice area need support to meet the standards. Assessors will consider evidence already available in the public domain (eg, CQC reports, etc.) to provide background to their initial visit. Practice areas will then host the assessor for a day where staff and leaders can provide evidence in person to demonstrate that the standards are met. Colleagues will also be encouraged to send assessors evidence of good practice relating to the standards, during the initial quality mark of excellence period.

Assessors will be identified and trained in house to work with the standards. Once there is a cohort of assessors who are working with practice areas to accredit them, there will be a regular 'challenge panel' convened, where findings from the assessment will be discussed and quality mark of excellence confirmed, or plans agreed to support their development to attain the standards.

Practice areas with quality mark of excellence status will remain linked with the RCN for the duration of their accredited status, with a soft review every 12 months and formal review every three years, to ensure status remains current.

If there is more than one practice area in an organisation, where quality mark of excellence is sought, there will be a named assessor who will hold the relationship with that organisation. This will promote the sharing of good practice and support the development of a wider compassionate culture.

# Impact measures

To evaluate the success of the SCoPE standards post-implementation, the following impact measures will be used, alongside other relevant available metrics:

- staff wellbeing metrics, including stress levels, burnout rates, and job satisfaction surveys
- retention and recruitment data, tracking changes in staff turnover and vacancy rates
- feedback from staff through regular pulse surveys and reflective sessions
- quality mark of excellence outcomes and progression through the challenge panel and review cycle
- qualitative feedback from pilot sites and ongoing implementation partners.

# References

Collins E, Foo V, Hotchkiss M and Phillimore S (2024) How to implement compassionate leadership in nursing teams, *Nursing Management*.

Dent J, Smeeton N, Whiting L and Watson T (2024) The importance of recovery and staffing on midwives' emotional wellbeing: A UK national survey, *Midwifery*, no. 132.

Flynn D and Barker S (2024) Comparison of first-year nursing students' GAD-7 scores: a pilot study focusing on Generation Z, *British Journal of Nursing*, 33(12), pp. 546–551.

Foster S (2024) Compassion is key to patient safety, *British Journal of Nursing*, 33(13), pp. 647–647.

Jackson D, Aveyard H, Brooke J, Commodore-Mensah Y, Noyes J, Smith G, Timmins F and Yu D (2025) Supporting Nurses; Strengthening Wellbeing to Secure Quality Care and Economic Growth, *Journal of Advanced Nursing*, 81: 2849-2851.

Kings Fund (2020) *The Courage of Compassion*, London: Kings Fund. Available at: [kingsfund.org.uk/insight-and-analysis/reports/courage-compassion-supporting-nurses-midwives](https://kingsfund.org.uk/insight-and-analysis/reports/courage-compassion-supporting-nurses-midwives) (accessed 20 October 2025)

Kirk K, Cohen L, Edgley A and Timmons S (2022) You're on show all the time: Moderating emotional labour through space in the emergency department, *Journal of Advanced Nursing*, 78(10), pp. 3320–3329.

Lown BA (2021) Mission Critical: Nursing Leadership Support for Compassion to Sustain Staff Wellbeing, *Journal of Nursing Administration*, 51, pp. 217–222.

NHS Resolution (2023) *Just and Learning Culture Charter*, London: NHSE. Available at: <https://resolution.nhs.uk/resources/just-and-learning-culture-charter> (accessed 20 October 2025)

Odell J (2021) Compassion in leadership: Staff morale and burnout, *Practice Nursing*, 32(9), pp. 374–377.

Royal College of Nursing (2025) *Nursing Workforce Standards*, London: RCN. Available at: [rcn.org.uk/Professional-Development/publications/rcn-nursing-workforce-standards-uk-pub-011-930](https://rcn.org.uk/Professional-Development/publications/rcn-nursing-workforce-standards-uk-pub-011-930) (accessed 20 October 2025)

Royal College of Nursing (2024) *Understanding the Factors Underpinning Suicidal Ideation amongst the UK Nursing Workforce from 2022 to 2024*, London: RCN. Available at: [rcn.org.uk/Professional-Development/publications/rcn-suicidal-ideation-amongst-the-uk-nursing-workforce-2022-to-2024-uk-pub-011-781](https://rcn.org.uk/Professional-Development/publications/rcn-suicidal-ideation-amongst-the-uk-nursing-workforce-2022-to-2024-uk-pub-011-781) (accessed 20 October 2025)

Richards A (2024) Concerns about practice: supporting staff by fostering a climate of psychological safety, *Nursing Management – UK*, 31(5), pp. 14–18.

Suter J, Kowalski T, Anaya-Montes M, Chalkley M, Jacobs R and Rodriguez-Santana I (2020) The impact of moving to a 12h shift pattern on employee wellbeing: A qualitative study in an acute mental health setting, *International Journal of Nursing Studies*, 112.

Thomas V (2024) Understanding compassionate leadership, *British Journal of Healthcare Assistants*, 18(3), pp. 104–109).

Troth S-L (2024) Night staff fatigue, *British Journal of Healthcare Assistants*, 18(5), pp. 166–170.



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