

NATIONAL QUALITY BOARD

General Update

A note from the Secretariat

Summary

1. This note provides the NQB within an update on:
 - The publication of two NQB documents alongside the Francis response:
 - *How to ensure the right people, with the right skills, are in the right place at the right time: A guide to nursing, midwifery and care staffing capacity and capability*
 - *Human Factors in Healthcare: a Concordat from the National Quality Board*
 - the review of Quality Accounts; and
 - a potential OECD Quality Review of the UK.

NQB 'HOW TO' GUIDE ON NURSE, MIDWIFERY AND CARE STAFFING

2. On 19 November, the NQB published a guide to support providers and commissioners in making the right decisions about nursing, midwifery and care staffing capacity and capability: *How to ensure the right people, with the right skills, are in the right place at the right time - A guide to establishing nursing, midwifery and care staffing capacity and capability.*
3. The Guide does not set minimum staffing levels, prescribe establishment rules or the skill mix of staff. Rather, the guide is designed to support providers and commissioners in making the right decisions about staffing issues. The guide:

- outlines a set of expectations of providers and commissioners relating to staffing, and provides advice on how they can be met;
 - signposts readers to existing evidence-based tools and resources, and provides examples of good practice;
 - outlines individual responsibilities of different parts of the workforce in relating to staffing;
 - describes approaches to organisations reporting on staffing levels on a monthly basis; and
 - explains what national organisations will do to underpin the expectations.
4. The guide was developed collaboratively by organisations represented on the NQB, particularly NHS England, Monitor, NHS TDA, CQC, NICE and NMC.
 5. There was widespread media coverage on the substance of the guide, particularly in relation to monthly publication of staffing information. The expectations outlined in the guide were generally well received, receiving support from major stakeholders such as the Royal College of Nursing (RCN).

HUMAN FACTORS IN HEALTHCARE: A CONCORDAT FROM THE NATIONAL QUALITY BOARD

6. Also on 19 November, the NQB published a Concordat on Human Factors in Healthcare, signed by its member organisations and other partners. The Concordat sets out the NQB's commitment on behalf of the health system, to embedding a recognition and understanding of Human Factors across the NHS and in their activities, reflecting the value it can offer in respect of improving the quality and productivity of services to patients. Individual organisations also committed to specific actions in relation to Human Factors, which are set out in the Concordat.
7. Much of the activity to embed Human Factors in healthcare sits with frontline providers and the NQB has committed to working with NHS organisations, clinicians and NHS staff to understand their current capabilities and establish their requirements. This will inform the development of a programme of tailored

support that enables NHS organisations to maximise the potential that Human Factors practices and principles can offer in relation to patient safety and experience, efficiency and clinical effectiveness.

8. The Concordat has been well received by the frontline and Human Factors organisations, however a key consideration is how the next steps set out in the report are to be taken forward:

- **Step 1:** Communicate with commissioners and providers to increase their awareness and understanding of the concept of Human Factors, highlighting how the approach can be used to drive improvement in quality and safety
- **Step 2:** Scope current capacity and capability in Human Factors and identify what support and development the NHS requires to fully harness the benefits of Human Factors approaches throughout the system.
- **Step 3:** Develop programmes of work, based on Step 2, to be taken forward by organisations nationally, regionally and locally to enable the NHS to embed Human Factors principles and practices in its culture, systems and processes.

9. NHS England and Health Education England will lead the work to support the NHS in taking forward this important aspect of the patient safety agenda, working with other partners across the system.

QUALITY ACCOUNTS

10. Quality Accounts were established with the aim of encouraging boards of provider organisations to give the same weight to quality as to finance.

11. On 1 October, the NQB was asked to support an evaluation of Quality Accounts. The Board was supportive in principle, agreeing that Quality Accounts had so far not met their full potential. This view was consistent with the findings and recommended actions falling out of Bruce Keogh's review into 14 trusts with high mortality rates. The final report from that review emphasised how many provider

boards were still struggling to grip the quality agenda and committed to strengthening quality accounts *'so that, from 2014/15, they begin to provide a more balanced and comprehensive assessment of quality'*.

12. Before commencing the evaluation, the NQB requested greater clarity on the scope and proposed outputs from the evaluation as well as ensuring there was agreement on the fundamental purpose of Quality Accounts.

13. At its meeting on 1 October, the NQB agreed that the purpose of Quality Accounts was to:

Give the reader confidence that the board was being open and honest about the quality of services being provided across the organisation and committed to driving continuous quality improvement.

The review

14. The review of quality accounts will collect the views of the following groups:

- patients, carers and the public;
- staff of provider organisations; and
- wider system e.g. commissioners and regulators.

15. Each group will be posed the following question: What would you want to see in a Quality Account that would give you confidence that the organisation was being open and honest about the quality of services being provided and was committed to driving continuous quality improvement?

16. The NQB also requested that the following areas are considered through the evaluation:

- Do Quality Accounts provide the right information to enable judgement to be made?
- How should Quality Accounts be used?
- How should a Quality Account be presented? E.g. Website or PDF format?
- What type of comparative information should be contained?

- How do we ensure the community are engaged?
- Should there be external local Quality Account stakeholder meetings?
- Should Quality Accounts create the right conversations to happen locally?
- Should Quality Accounts raise the profile of specific areas?
- How are Quality Accounts aligned to the work of the CQC
- How should Quality Accounts be audited? What should the scope be?
- Do Quality Accounts provide appropriate assurance to the Public?
- Do Quality Accounts reflect the local Quality landscape?

Timetable and engagement points

17. NHS England will lead the review, working in partnership with other NQB member organisations through a steering group. Quality Accounts will be evaluated against the following timetable and engagement points.

December	<ul style="list-style-type: none"> • Analysis and current thinking from engaged partners circulated. Further comments and analysis invited • Identify additional stakeholders for engagement meetings 	
January	<p>Test out and generate further analysis and insight with;</p> <ul style="list-style-type: none"> • <i>Patients, carers and the public</i> • <i>Staff of provider organisations</i> • <i>Wider system e.g. commissioners and regulators</i> <p>Late January; Reflect on findings</p> <ul style="list-style-type: none"> • <i>Patients, carers and the public</i> • <i>Staff of provider organisations</i> • <i>Wider system e.g. commissioners and regulators</i> <p>Generate Quality Accounts Blueprint for consultation.</p>	
February	<p>Early February;</p> <p>Consult on Quality Accounts Blue Print.</p> <ul style="list-style-type: none"> • <i>Patients, carers and the public</i> • <i>Staff of provider organisations</i> • <i>Wider system e.g. commissioners and regulators</i> 	
March	<p>Make recommendations to NQB;</p> <ul style="list-style-type: none"> • Respond to Hypothesis ; Are Quality Accounts Required • The 14/15 requirements • 15/16 Planning 	

	<i>*Timings may change if more detail input or analysis is required.</i>	
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18. Recommendations will be made to the NQB in March.

The NQB is asked to note:

- ***progress in relation to the review of Quality Accounts; and***
- ***recommendations will be brought to the NQB in March.***

POTENTIAL OECD QUALITY REVIEW OF THE UK

19. At its last meeting, the NQB discussed the proposal from the Organisation for Economic Co-operation and Development (OECD) to conduct a Healthcare Quality Review of England.

20. The Board discussed implications caused by the timing of the review, in particular that, although external reflection may be valuable, the stage the NHS is at in terms of implementing the reforms would mean that the review would not capture the full picture. There were also concerns due to the potential impact on resource, focus and staff morale.

21. It was agreed that if the NQB were to support the review, topics would have to be carefully considered and the Department of Health was to bring a paper on potential topics to the NQB for consideration.

22. Since discussion at the NQB, the Secretary of State for Health has asked for consideration to be given to a four countries (of the UK) review and the Department of Health is now looking into this option with OECD officials. An update will be brought back to the NQB in due course.

NQB Secretariat

28 November 2013