



**To:** National Quality Board

**For meeting on:** 8 June 2016

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**Report for:**

Decision	Discussion	Information
X	X	

**TITLE:** Quality in the NHS: beyond individual patient care

**Summary:**

The NHS, and its partners in health and social care, has an unrivalled opportunity to build relationships and engage others in behaviours that underline and exemplify its core values. This vision should be seen as the ‘seedbed’ in which can flourish the more conventionally articulated attributes of high quality systems.

This discussion paper summarises these wider aspects of quality which are worthy of consideration in healthcare settings for potential reflection in the NQB quality narrative and work programme.

**Recommendations / Action(s) requested:**

The NQB is asked to consider:

- a) whether it agrees that the NHS should focus on these wider aspects of a high quality organisation in addition to the threefold approach of safety, clinical effectiveness and patient experience;
- b) if so, which of the wider principles of quality described above it would prioritise; and
- c) how it can support the NHS in their implementation.

**ALB Involvement in development and sign-off of paper:**

						
					X	

## Quality in the NHS: beyond individual patient care

### Introduction

1. Lord Darzi's definition of 'quality' in healthcare settings (safety, clinical effectiveness, patient experience) was enshrined in legislation in the Health and Social Care Act (2012) and thus forms the basis for the 'vision for quality' in health and social care.
2. These threefold aspects of quality are fundamental and relate to the core purpose of the NHS – to treat individual patients. In addition quality has wider aspects which are worthy of consideration in healthcare settings and arguably should be reflected in the NQB quality narrative and work programme. Underpinning this, the NHS is more than an organisation; it forms part of the fabric of the lives of all who live in the UK.

### Wider aspects of quality in the NHS

3. The following are possible areas for focused activity:
  - a) The NHS does more than treat individuals for existing disease; it has unrivalled opportunities to prevent disease and support good health of its patients.
  - b) As an employer of over 1 million people the NHS has an unrivalled opportunity to influence the health and wellbeing of its workforce and through them, their families and friends.
  - c) Through its estates functions the NHS should lead by example in sustainability and corporate responsibility.
  - d) Through its procurement of goods and services, the NHS should have a major impact on the local and national economy as well as the health and wellbeing of the workforce in the supply chain.
  - e) Through research and innovation the NHS should make a major contribution to the UK economy.
  - f) Listening to the views and experiences of all stakeholders, especially patients, is and should remain a fundamental aspect of its desire for continuous improvement in quality.
  - g) As the largest employer and contributor to the economy in many local communities, NHS Trusts can work with local government, major local employers and others to shape and develop the local physical, social and economic environment.

### Underpinning principles

4. A number of principles would need to be applied to the NQB's approach to these wider aspects of quality. Together this would allow the NHS to be described as a genuinely high quality organisation. These principles are:
  - a) Consistency /reliability:
    - i. Expertise: to be valued, cultivated, heard

- ii. Visibility: of data, of leadership, of value streams
  - iii. Variation: unwarranted variation should be sought, explained, reduced / eliminated
- b) Transparency and openness:
- i. Reporting: quantitative and qualitative data: should be highly visible to staff, patients, stakeholders; 'no blame' culture of adverse incident reporting
  - ii. Learning: from data, from incident reporting, complaints, good practice; 'just culture'
  - iii. Publishing: feeding back from audit cycles, improvement programmes, encouraging input from patients, staff, stakeholders
  - iv. Duty of candour: speak out, openly, when necessary; 'no fear' culture
- c) Authenticity
- i. Listening: paying attention to the views of patients, staff and other stakeholders; 'you said, we did'.
  - ii. Values: clear values and behaviours, simply phrased, aligned to aims, objectives, organisational remit
  - iii. Behaviours: 'walking the talk' on work/life balance and workplace culture
- d) Workforce:
- i. Teamwork: high functioning teams; working together; clarity of roles and expectations; staff development
  - ii. Staff health and well-being: active travel; physical and mental health and well-being;
  - iii. Systems leadership skills: recognising the complex environment: interdependencies, influence, common outcomes
- e) Corporate responsibility
- i. Low carbon culture: energy plans, travel plans, food miles
  - ii. Leadership by example: sustainability, innovation, creativity

## Recommendation

5. The NHS, and its partners in health and social care, has an unrivalled opportunity to build relationships and engage others in behaviours that underline and exemplify its core values. This vision should be seen as the 'seedbed' in which can flourish the more conventionally articulated attributes of high quality systems.
6. The NQB is asked to consider:
- a) whether it agrees that the NHS should focus on these wider aspects of a high quality organisation in addition to the threefold approach of safety, clinical effectiveness and patient experience;
  - b) if so, which of the wider principles of quality described above it would prioritise; and
  - c) how it can support the NHS in their implementation.