

Nursing and Care Quality Forum

Prime Minister
10 Downing Street
London

30 September 2012

Dear Prime Minister,

I first wrote to you in May with the Nursing and Care Quality Forum's initial advice on steps that could be taken to improve the quality of nursing and care. Since then we have turned our attention to identifying and sharing good practice that exists in NHS and non-NHS settings. Over recent months, I have had the pleasure to meet some of the people leading improvements at a national and local level and I continue to be impressed with the dedication of people working in nursing and care.

This letter provides an opportunity to highlight how some of our initial recommendations have been taken forward; update you on our work to collect examples of good practice; and set out our proposed next steps moving forward over the coming months. This includes how we plan to work with the Chief Nursing Officer for England, Jane Cummings and the Department of Health's Director of Nursing, Viv Bennett on their vision for nursing, midwifery and care-giving.

Reflections on progress since our initial advice

Our first phase of work, and our initial advice, concentrated on four themes: leadership; culture and values; involvement; and time to care. In addition we considered two areas that spanned all themes: care in all settings and the education, training, knowledge and skills needs of staff delivering care. We made a series of recommendations and I am delighted with the influence these have made to date.

I welcome the support you and Ministers have given to our advice, especially the areas laid firmly at the feet of Government, such as roll out of the **Friends and Family test**. By acting on the feedback they receive through this test, organisations and teams can make a real difference to the quality of care that is given. Since we made our recommendation, the test has begun to be rolled out in some areas, with national roll out in acute inpatients and accident and emergency planned from April 2013, and patients are beginning to see the benefits. The challenge now is how to apply the test - or an equivalent - across pathways and within non-acute care settings and we offer support the NHS Commissioning Board's Director of Patient Experience to develop this. To build on the support for the initiative, it will be important to ensure that any guidance produced on applying the test is not burdensome or inflexible.

We also called upon the Government to consider a **national goal to increase the proportion of staff** that would recommend the quality of care provided by their organisation, if their loved ones needed care. We are delighted to see that the draft mandate to the NHS Commissioning Board reflects this advice, and in particular, that it reinforces the need to act on this feedback in order to address issues in quality of care. We offer support to the process as a national goal is developed.

The need to **recruit staff to caring roles who have caring and compassionate** values and behaviours, as well as competencies and skills, was also a strong theme in our first letter. We are pleased to see that Jane Cummings is leading work to scope out the extent to which higher

education providers and NHS Trusts currently build assessment of values into the recruitment of nursing students. We look forward to seeing the results of this work. Whilst this is a crucial step for entrants to the profession, we were also clear that values must form part of recruitment, induction and on-going development and assessment for existing nursing staff, and for all staff in caring roles. We have seen through our good practice collection that many organisations and teams recruit in this way, but there is more that could be done.

We had overwhelming feedback during our discussions with others about the need to ensure that **staffing levels and skills profiles** are safe, evidence-based and commensurate to the assessed needs of people who use the services. We placed this responsibility firmly with Boards (or their equivalents), stating the need for them to review their staffing levels regularly, against best practice frameworks. We also said that the Care Quality Commission (CQC) should seek assurance that these reviews are being conducted and acted upon as part of their routine inspections. We support CQC's review of its inspector compliance guidance on staffing and welcome the collaboration between CQC, Unison and the Royal College of Nursing on this issue.

We also focused on the acceleration of implementation of person-centred approaches to care, such as '**rounding with intention to care**'. To build on this, with leadership from Elaine Inglesby-Burke, we have already established demonstrator sites. We have paired up organisations that have already implemented this approach and are noticing improved outcomes as a result with buddy sites - those just setting out on their journey - across a range of care settings. I am particularly proud that this project is sharing good practice between the NHS and the care sector. By bringing the organisations together, we are helping to facilitate shared learning, mentorship and support as they embark on their project.

There is a strong link between the strength of leadership in teams and organisations and the quality of care that people receive. Through our collection of good practice and conversations with Directors of Nursing, we have identified several key areas where **national development programmes for nurse leadership** could be developed. We will feed these findings into the work being led by Jane Cummings and Viv Bennett. As part of the vision for nursing, midwifery and care-giving, they plan to work with the NHS Leadership Academy and National Skills Academy for Social Care to develop a clinical leadership programme.

Some of our initial areas of advice have helped to contribute to national programmes of work, and others have inspired people locally to share their examples of good practice. We also hear feedback from people we speak to about their views on the advice given. People have told us that our strong messages around the need for ward sisters and community team leaders to **be fully supervisory** has given many of them the confidence and authority to raise this model of working with their Boards. We hope that this will continue to be the case as more and more people adopt this approach and are able to share the benefits with people receiving care.

These highlight just some of the areas where progress has been made since our initial advice. More can be done to help to embed and maintain momentum around improvement against these and the full range of areas that we highlighted, and we will look further at how to achieve this in our next phase of work.

Forum's recent work: a call for evidence of good practice

To help inform and shape our initial recommendations in May, we talked to a range of people and they wanted to help with our work. They had ideas where improvements could be made and there was also a huge appetite to provide and promote existing examples of good practice. A common theme was the need to make this good practice common practice.

To build on this we have focused our most recent phase of activity on good practice collection. We have used online tools for people to send in their examples we have had the pleasure of visiting many organisations to observe the work they are doing to improve the quality of nursing and care. In only a short time frame, over 200 people across health and care shared examples of the work they are part of to improve care for people using the services they provide. I am personally very grateful to everyone who sent us information. Some of the examples of good practice are innovations in products, treatments or redesigning services to address the needs of those being cared for along a particular pathway, or who have a specific condition. Others provide excellent examples of leadership and strong role models, helping to foster and embed positive values and behaviours. Some highlighted the importance of nurses and care-staff being supported with new technologies in order to help them transform the care that people receive. What they all have in common is a desire to put the person at the centre of their care. They also demonstrate an ability of nursing and care staff to identify and act on the need for change. Notably, in many cases, the driver was the changing needs of those receiving care, and many examples centred on caring for those with dementia or the need to support people to improve their own health and lifestyle.

Making good practice available to all: a national leadership role

We will now share examples of good practice that we have collected more widely, so that others can benefit from them in driving similar improvements locally.

We are struck by how much work is being done across such a range of areas, and how many people are in the process of identifying good practice. The NHS Institute, the Dignity Commission, the Patients' Association, and many more are all taking part in good practice collection across various topics in health and care, and have plans to help disseminate it or act on the results. We welcome this, and it leads us to consider **whether a 'hub' would be useful to bring all of this work together centrally**. We think this would allow people to access examples of good practice more easily, and know where to look if they are trying to find out if others have tackled a similar issue before them. We advise that the Government reflect further on this as an opportunity to ensure that local innovations and good practice can be made available to all.

Next steps for the Forum - supporting change

We now embark on our next phase of work. Firstly, we will look at progress on the areas identified in our first letter, to identify where **more can be done to help embed these changes**. In doing so, we will consider how to promote existing levers that could be used to drive these forward. A particular example from our first letter that we will give further detailed consideration to is ensuring organisations have evidence-based staffing levels and skills profiles. There are gaps in the evidence base in some areas, for example community and mental health settings, and I am pleased to see that Jane Cummings and Viv Bennett are considering this issue in their work. Staffing continues to be a concern to the Forum, and many in the profession and the public. It is important to maintain momentum around the drive to ensure that the right people, with the right skills, are caring for people.

Secondly, members of the Forum have been pleased to feed into Jane Cummings' and Viv Bennett's initial plans to develop a vision for nursing that places compassionate care at the heart of the profession. Their joint work will be crucial to provide the **strategic leadership for the profession's on-going and future development** and to champion the high quality care the profession provides to people. Jane and Viv have told us that many of the themes raised by the Forum have fed into their priorities for action, and we look forward to providing further input into this work, as they work with nurses, midwives and care-givers in the system. Supporting career-long learning and building the evidence base for actions will be an important part of this work.

Thirdly our first letter set out our firm views on the need to **shift the lens through which the system traditionally views care**. We need to consider care from the perspective of the person receiving care, not from the artificial silos of the setting or the profession by whom it is provided. To strengthen our expertise across all care settings we have expanded our membership to reflect the diversity of the health and care environment. Our good practice collection identified many examples of locally-led improvements across care pathways, that join up services around the needs of the person needing care. We will undertake further work to identify and facilitate learning from case studies in this area, particularly in relation to the interface between health and social care.

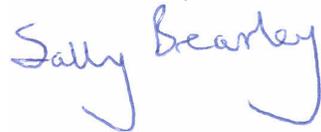
Fourthly, we would also like to take this opportunity to welcome the new Secretary of State for Health and Ministerial team to the Department of Health, and extend our offer to provide advice to them on nursing and care quality. One of the biggest challenges facing nursing and care over coming months will be in relation to Sir Robert Francis QC's report into the role of the commissioning, supervisory and regulatory bodies in the monitoring of the failings in care at Mid-Staffordshire NHS Foundation Trust. We highlighted in our previous letter the crucial importance of supporting the system to **respond, learn lessons and improve, whilst recognising that the majority of nursing and care staff provide excellent care**. Working with Jane Cummings and Viv Bennett, we foresee this being part of our role in the New Year. The great strength of the Forum is the breadth and depth of our membership and if there are nursing and care specific issues arising out of the report that you would like us to give further consideration to then we would be happy to do this.

I anticipate that our current work programme will conclude in April next year. If there are additional issues to consider after this point then the Forum will need to consider how we can add most value, and not duplicate the people, processes and organisations that will be in place to support the new health and care system.

I would like to reinforce my thanks to the members of the Forum for all their continued work over recent months. In addition, I would like to thank all those who have taken the time to share their examples of good practice with others. This further underlines the commitment of nursing and care professionals to leading improvement in the quality of care and they need to take pride in this.

We look forward to celebrating and sharing the success of those who are leading improvements in nursing and care quality over the coming months.

Yours sincerely,



Sally Brearley
Chair, Nursing and Care Quality Forum