# The Nursing Roadmap for Quality

A signposting map for nursing

## DH INFORMATION READER BOX

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|---|---|
| **Policy**<br>HR/Workforce<br>Management<br>Planning/<br>Clinical Performance | Estates<br>Commissioning<br>IM & T<br>Finance<br>Social Care/Partnership Working |
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| **For recipient use** | |

# Introduction from the Chief Nursing Officer

Nurses care passionately about the care they give and continually seek ways to improve and demonstrate their value. Nurses have embraced the quality agenda as an opportunity to demonstrate continued value and their impact on patient care, wherever that care is delivered.

The focus on quality gives us the opportunity and the challenge to articulate what we do. It means being able to apply tested tools and change techniques in order show the impact and outcome of nursing care. It means thinking about and telling the story of the nurse's role and the impact it has on the experience, safety and effectiveness in everything we do.

This will become even more important in the current financial context. *NHS 2010–2015: From good to great. Preventative, people-centred, productive*[1] set out that higher-quality care is often more productive, and renewed the NHS commitment to driving improvements in quality.

This also means questioning how we do things, thinking of innovative ways to support clinical outcomes, while focusing on promoting and maintaining health and well-being, as well as on prevention.

The *Nursing Roadmap for Quality* helps you and the teams in your workplace to understand the agenda and the tools you already have. It suggests innovative ways for you to tell the story about what you do and why nurses make a difference to your patients, teams, boards, governors and regulators.

Quality is always going to be a key priority for nursing; to deliver quality means nurses working differently – working across pathways, working with other clinical colleagues and working in different environments. You need to be able to demonstrate the contribution you make for the patients in your care. Wherever nurses work, there are tools to help you provide and demonstrate quality while working in a productive manner.

Nurses are close to patients, so they can see how they can change things to make them better for patients. This means reducing waste and removing unnecessary repetition from the system. This allows us to release locked-up resources so we can focus on healthcare prevention, maintaining well-being and delivering high-quality care.

I hope this *Nursing Roadmap for Quality* will help you in delivering quality care in health and social care.

Dame Christine Beasley

**Set out below is an explanation of the importance of quality in nursing across health and social care. This *Nursing Roadmap for Quality* is intended to be used by all nurses as a signposting reference guide to achieving and maintaining quality. It aims to help nurses understand the quality policy and the associated tools and techniques that achieve quality outcomes.**

[1] NHS 2010–2015: From good to great. Preventative, people-centred, productive. Department of Health. 2010.

# Nurses working for quality

Quality is at the heart of everything we do in the modern health service, and frontline nurses play a vital role in achieving the quality of care that people expect. We can only deliver consistently safe and effective patient-centred care with the full involvement of all those nurses and other health professionals who provide that care.

> **"Nurses and midwives are fundamental to high-quality healthcare. There is hardly an intervention, treatment or healthcare programme in which we do not play a significant part."**
>
> Chief Nursing Officer, *Framing the Nursing and Midwifery Contribution* (2008)[2]

This *Nursing Roadmap for Quality* shows that there is more to quality than measurement, and demonstrates how nurses, in particular, can make use of the modernising agenda and existing practical tools to play a full part in achieving the quality agenda. The *Roadmap* supports you in choosing the appropriate tools to help you and your clinical teams tell the story of what you are doing and how you are making an added difference. It lets you apply the change you want, using the key tools you need, and shows you how to measure and demonstrate sustained improvement at the point of care.

Carefully considering what tools you need and using them with the right change approaches should help you to improve quality, allow you to spend quality time with your patients and show the impact you are having at the point of care.

The *Next Stage Review*[3] set out a vision of the importance of high-quality care for patients at all times. *A High Quality Workforce*[4] then set out a strategy to strengthen and prepare the workforce to deliver this vision of high-quality care and adopted the key recommendations from national engagement exercises with nurses, service users, the public and other key stakeholders, which were part of the Department of Health's commitment to *Modernising Nursing Careers.*[5]

# Achieving quality care for all patients

*High Quality Care for All*[6] set the direction as to how quality would be embedded within the NHS. Quality must be seen from the patient's perspective and has three distinct elements:

- **Safety: How safe will I be?**

- **Effectiveness: How effective will treatment be?**

- **Experience: What will the experience be like?**

In order to make quality the organising principle in the health service and to engage each member of staff in achieving high-quality care means implementing the seven elements of the Quality Framework, as set out in this *Roadmap*, making quality a commitment in all our work.

A wide range of tools are already available to support you to implement each element. These will help you and your clinical teams tell the story of what you are doing and how you are
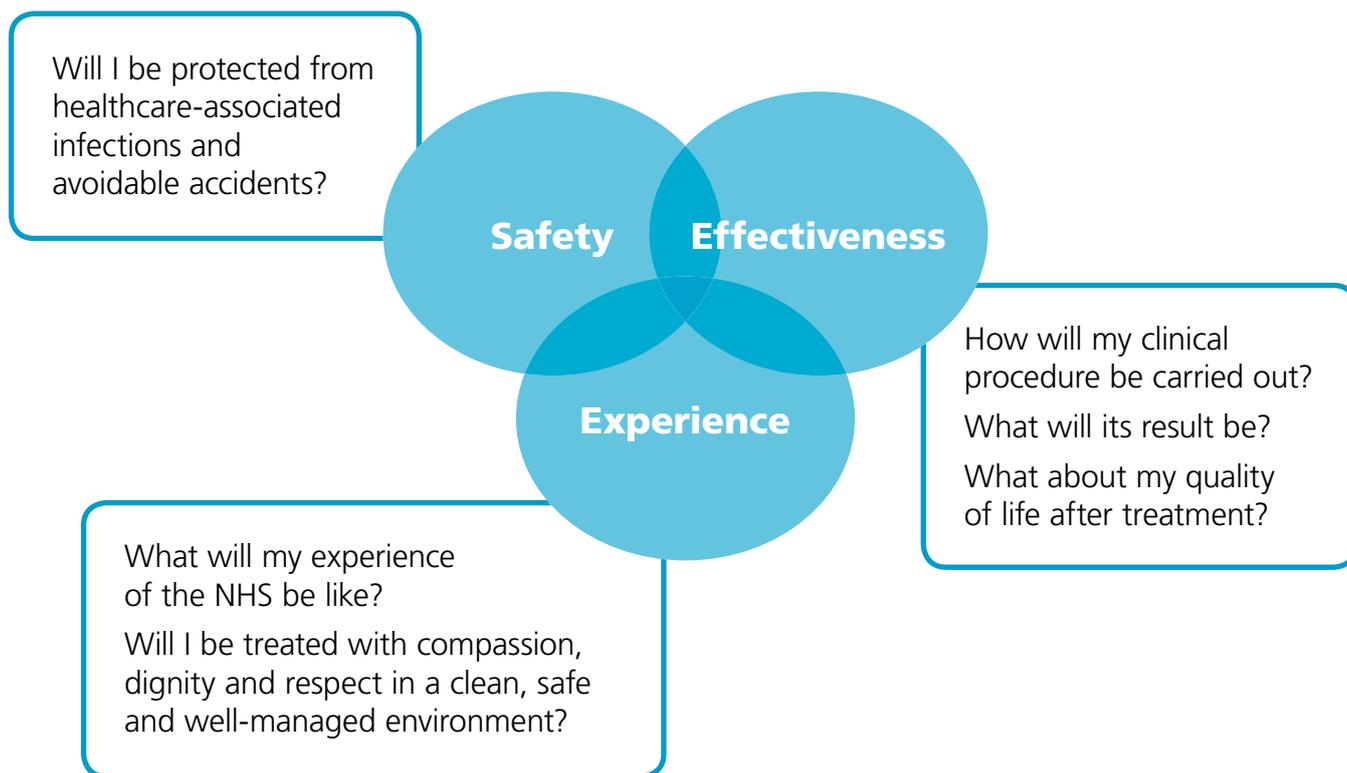
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[2] Framing the Nursing and Midwifery Contribution: Driving up the quality of care. DH. 2008.
[3] NHS Next Stage Review: Leading local change. DH. May 2008.
[4] A High Quality Workforce: NHS Next Stage Review. DH. June 2008.
[5] Modernising Nursing Careers: Setting the direction. DH. September 2006.
[6] High Quality Care for All: NHS Next Stage Review final report. DH. June 2008.

Will I be protected from healthcare-associated infections and avoidable accidents?

**Safety**     **Effectiveness**

**Experience**

How will my clinical procedure be carried out?

What will its result be?

What about my quality of life after treatment?

What will my experience of the NHS be like?

Will I be treated with compassion, dignity and respect in a clean, safe and well-managed environment?

making an added difference to the quality of patient care.

These tools support meeting the quality and productivity challenge, which is to deliver high-quality care in the most effective and efficient way, in response to the current economic climate. Nurses have a key role to play in this area. Nurses have already shown their commitment and support in their response to the High Impact Actions call for evidence of effective practice, where over 600 suggestions were put forward from frontline nurses. This work has been taken forward into the first set of High Impact Actions.[7]

Some tools are specific to an aspect of care or place of care; eg some tools are specific to community services, or to a specific environment such as the Productive Community Hospital and the Productive Operating Theatre. Others are more generic and can be used in most care settings, such as Confidence in Caring, Essence of Care and some elements of the Productive series.

Equally, some tools have a specific purpose: some are for the purposes of audit and benchmarking, and some are for measurement, eg the Indicators for Quality Improvement. When thinking about which tools to use, it is useful to consider what you want to do as well as the appropriateness of the tool.

Together with these tools, approaches and ways of working, there is the need for continuity of care and co-ordination of care approaches. Nurses are central to the success of this approach because they work with multi-professional teams and across health and social care providers and systems.

The electronic version of this document, on the Chief Nursing Officer's website, www.dh.gov.uk/cno, provides more detail about each of these tools.

[7] DH. High Impact Actions for Nursing and Midwifery. DH. November 2009.

# The seven elements to improve quality
## 1. Bring clarity to quality

| Bring clarity to quality | Measure quality | Publish quality perform-ance | Recognise and reward quality | Leadership for quality | Safeguard quality | Stay ahead |

The first step on the journey to improve quality is to be clear and explicit about the standard of care patients and service users can expect. The National Institute for Health and Clinical Excellence (NICE) is producing a set of quality standards – specific, concise statements as markers of high-quality, cost-effective care across a pathway or a clinical area. Four pilots will be published in the spring of 2010. These will cover stroke, dementia, neonatal care and venous thromboembolism (VTE).

## In practice
### Quality Standards and NHS Evidence

Clinical teams can use quality standards to consider the quality of the care they deliver, commissioners can use them as an aid to commissioning, and patients can use them as a guide to best practice. NICE host NHS Evidence, a website giving access to kite-marked evidence and guidance.



**Practice Standards for Nursing Care**
In partnership with NICE, the Department of Health has commissioned the Royal College of Nursing (RCN) to develop **practice standards for nursing care**, "which are the characteristics that underpin good practice in all nursing care delivery". This is ongoing work, which will be available later in 2010.

### Clinical guidance

NICE and the RCN have developed clinical guidelines in collaboration with stakeholders including other professional bodies, practitioner and patient advocacy groups. The former National Collaborating Centre for Nursing and Supportive Care, based at the RCN, has also developed a range of clinical guidelines.

### Confidence in Caring

Developed as a framework of best practice in caring for patients, Confidence in Caring is designed to help nurses, carers and care planners improve the confidence in the care they give. It comprises five best-practice guidelines to help carers focus on the issues that matter most to patients and provide a positive experience for them.

### The High Impact Actions for Nursing and Midwifery

This first set of eight high-priority areas, or High Impact Actions, sets out the scale of the challenge, and the potential opportunity to improve quality of care and patient experience while working in an efficient and effective way. For each action, the gains could be huge, and nurses and midwives can lead on each of these actions to further improve the prevention, productivity and efficiency need in the NHS.

**The Saving Lives delivery programme – High Impact Interventions care bundles for infections.**

The High Impact Interventions (HII) are simple evidence-based tools. They reinforce the practical actions that clinical staff need to undertake every time to significantly reduce healthcare-associated infections.

## Resources
- **NHS Evidence:**
  www.evidence.nhs.uk
- **NICE Clinical Guidance:**
  www.nice.org.uk/guidance
- **RCN Clinical Guidelines:**
  http://tinyurl.com/rcn-org-uk
- **Confidence in Caring:**
  http://tinyurl.com/5nwy4d
- **High Impact Actions for Nursing and Midwifery:**
  www.institute.nhs.uk/hia
- **Saving Lives – High Impact Interventions (HII) care bundles:**
  www.clean-safe-care.nhs.uk

- **Standards for adult inpatient learning disability units:**
  http://tinyurl.com/rcpsych
- **National Mental Health Development Unit:**
  http://tinyurl.com/ygk8a2c
- **The Health and Social Care Act 2008:**
  Code of Practice for health and adult social care on the prevention and control of infections and related guidance (December 2009): http://tinyurl.com/y9zsjng
- **'National evidence-based guidelines for preventing healthcare-associated infections in NHS hospitals in England':**
  *Journal of Hospital Infection* (2007) 65 (Supplement).
  www.epic.tvu.ac.uk/epic/notice.html
- **National Institute for Health and Clinical Excellence (2003) Infection Control:**
  *Prevention of healthcare-associated infections in primary and community care*:
  http://tinyurl.com/yfagns8

# 2. Measure quality

Bring clarity to quality › Measure quality › Publish quality perform-ance › Recognise and reward quality › Leadership for quality › Safeguard quality › Stay ahead

Delivering high-quality care services means that local organisations should capture and understand information about their current level of quality performance and use this to make changes to improve care.

## In practice
Measuring quality and making comparisons with other clinical teams can drive significant improvements for patients.

### Indicators for Quality Improvement

An assured menu of "Indicators for Quality Improvement" (IQI) has been developed by the NHS and stakeholders and was published in

mid-2009. It brought together existing indicators and will be developed over time. Clinical teams will now be able to measure their quality performance using these and future indicators.

## Essence of Care

A nationally developed self-assessment, benchmarking and audit tool, Essence of Care covers 12 areas and enables frontline teams to appraise how they deliver care, against a set of best-practice indicators that have been developed by patients, other service users and professionals.

## NHS Surveys and Feedback

Understanding what really matters to patients, and the use of this information to improve both service quality and patient experience, now lies at the heart of NHS quality reform. Reports have emphasised how it is often the small things that can make a big difference to a patient's experience.

The NHS National Patient Survey is setting-based and conducted on a rolling programme – so that different settings and patient groups are surveyed in different years.

The survey is designed to collect structured and systematic feedback on the quality of service delivery from the patient's or service user's point of view. In this way, it provides robust measures of NHS performance locally at organisation level, but also both regionally and nationally.



To enable organisations to monitor patient experience more frequently and systematically, DH has developed various support packages:

- A localised support package for the NHS to use existing national survey instruments and methodologies on a more frequent and ongoing basis, rather than having to rely on the annual snapshot afforded by the nationally co-ordinated programme. This is available at the NHS surveys co-ordination centre (see opposite).

- Patient feedback can also be gathered via NHS Choices (see opposite), which invites patients to comment on hospital and GP services, through structured questions and free text comment. All comments are pre-moderated before publication on the NHS Choices website.

## Further tools to measure quality improvement

This suite of tools also includes the NHS Institute for Innovation and Improvement's Productive Series, which covers six key areas.

The other key tools within this suite include the following:

- The *Transforming guides* for best practice, supporting community services and covering six areas.

- *Getting It Right for Children and Families*, maximising the contribution of the health-visiting team, describes good practice in delivering the Healthy Child Programme, as well as public health initiatives to enhance health and well-being and to reduce health inequalities.

- The newly developing *Energise for Excellence in Care* programme is a national initiative aimed to revitalise the universal values of care and compassion among nurses and midwives.

- The Quality Framework for Community Services aims particularly to improve measurement within community services.

- **NHS surveys co-ordination centre:**
  www.nhssurveys.org

- **NHS Choices:**
  www.nhs.uk

- **Quality Framework For Community Services:**
  http://tinyurl.com/ybphkrl

- **NHS Institute Productive Series:**
  http://tinyurl.com/ku6mcd

- **Transformational reference guides for best practice:**
  http://tinyurl.com/yc4bu56

- **Care Quality Commission Patient Information surveys:**
  http://tinyurl.com/yfetqss

- **DH surveys information:**
  http://tinyurl.com/4uoupj

- **Understanding What Matters: A guide to using patient feedback to transform care:**
  http://tinyurl.com/ppwzs4

- **Getting It Right for Children and Families:**
  http://tinyurl.com/ygtsmss

# 3. Publish quality performance

Bring clarity to quality → Measure quality → **Publish quality performance** → Recognise and reward quality → Leadership for quality → Safeguard quality → Stay ahead

Publishing quality information, both in the form of new Quality Accounts and on the NHS Choices website, will be a powerful lever for distributing quality information to patients and the public as well as focusing trust boards' attention on quality.



## In practice

The requirement to produce Quality Accounts is now established under law, like financial accounts. It will be a requirement from 2009/10 for acute trusts, mental health trusts, learning disability trusts and ambulance trusts, and later for general practice.

### Resources
- **NHS Choices:**
  www.nhs.uk

- **Quality Accounts:**
  http://tinyurl.com/dcjnxw

# 4. Recognise and reward quality

| Bring clarity to quality | Measure quality | Publish quality perform-ance | Recognise and reward quality | Leadership for quality | Safeguard quality | Stay ahead |

Improvements in quality should be recognised and rewarded. Quality improvements will be considered in contracts between commissioners and providers.

## In practice

One way of doing this is through the use of the Commissioning for Quality and Innovation (CQUIN) payment framework. CQUIN makes a proportion of provider income conditional on locally agreed goals around quality improvement and innovation.

CQUIN goals are agreed locally between the commissioner and the NHS provider and will include at least one goal in each of four areas: safety, effectiveness, patient experience and innovation. The CQUIN framework ensures that both commissioners and NHS providers pay as much attention to delivery of high-quality care for patients as they do around activity performance.

The Quality and Outcomes Framework (QOF) was introduced as part of the new General Medical Services contract in 2004. It was a pioneering approach to improving quality of care through a voluntary incentive scheme rewarding GP practices for how well they care for patients, not just how many patients they have on their list.

### Resources

- **Commissioning for Quality and Innovation (CQUIN):** http://tinyurl.com/ylld5v9

- **The Quality and Outcomes Framework (QOF):** http://tinyurl.com/6f382t

# 5. Leadership for quality

| Bring clarity to quality | Measure quality | Publish quality perform-ance | Recognise and reward quality | Leadership for quality | Safeguard quality | Stay ahead |

Local clinical leadership is essential to delivering quality improvement. *High Quality Care for All* (June 2008) introduced a number of initiatives to support local clinical leaders.



## In practice

The National Quality Board (NQB) has been established which provides strategic oversight and leadership on quality. It brings together key organisations and individuals from the NHS and social care, ensuring that the whole health system is pulling in the same direction to provide high-quality care for patients. The Chief Nursing Officer is a member of this group.

Building on existing local clinical leadership, strategic health authorities (SHAs) have appointed medical directors and formed clinical advisory groups which work alongside existing nurse directors.

# 6. Safeguard quality

| Bring clarity to quality | Measure quality | Publish quality perform-ance | Recognise and reward quality | Leadership for quality | Safeguard quality | Stay ahead |
|---|---|---|---|---|---|---|

The Care Quality Commission (CQC) is a new independent regulator of all health and adult social care in England, and comprises the former Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection.

## In practice
### Care Quality Commission registration

Registration with the CQC will provide assurance that essential levels of safety and quality are being met.

From April 2009, the CQC has registered 388 NHS healthcare providers according to healthcare-associated infections. This requires that providers ensure that patients, workers and others are protected against the identifiable risks of acquiring a healthcare-associated infection.

Patients and the public can therefore be assured that performance against basic requirements for all providers is being assessed and that quick action will be taken against those providers that fail to meet these requirements.

### The National Reporting and Learning Service

A division of the National Patient Safety Agency (NPSA), the National Reporting and Learning Service (NRLS) is committed to helping safeguard patient safety within the NHS. To help NHS organisations and health professionals

achieve this goal, the NRLS guidance documents advise on best practice in healthcare.



The NRLS also produces a comprehensive range of alerts, reports and toolkits, which support the guidance. For example:

- **Seven Steps to Patient Safety** – a series of publications for different healthcare sectors, setting out the steps that local organisations can take to improve patient safety.

- **Root Cause Analysis (RCA) toolkit and supporting documents** – helps you to apply a robust methodology to analyse patient-safety incidents and issues.

- **Manchester Patient Safety Framework (MaPSaF)** – a simple tool to explore your team's patient-safety culture.

- **Foresight Training** – a resource pack aimed to help pre- and post-registration nurses

and midwives develop and practise the skills needed to identify situations when a patient-safety incident is more likely to occur.

- **Being Open policy re-launch** – provides guidance on communicating with patients, their families and carers following a patient-safety incident.

**Patient Safety First 'How-to' guides**

These provide practical help to improve leadership and to reduce harm from deterioration, in critical care, in peri-operative care and from high-risk medicines and falls. They also aid measuring improvement. For example, 'Getting the Basics Right' is a simple tool to audit the reliability of patient observations in order to reduce harm from deterioration.

### Resources
- **Care Quality Commission:** www.cqc.org.uk
- **NHS National Patient Safety Agency:** www.nrls.npsa.nhs.uk

- **Patient Safety First:** www.patientsafetyfirst.nhs.uk
- **Seven Steps to Patient Safety:** http://tinyurl.com/ylg5f7n
- **RCA toolkit and supporting documents:** http://tinyurl.com/ycym7tt
- **Manchester Patient Safety Framework:** http://tinyurl.com/y9dgewg
- **Foresight Training:** http://tinyurl.com/yhwyn7k
- **Being Open:** http://tinyurl.com/ydxjo48
- **NRLS resources:** www.nrls.npsa.nhs.uk/resources
- **Patient Safety First 'How-to' guides:** http://tinyurl.com/ybtvlqe

# 7. Stay ahead

Bring clarity to quality → Measure quality → Publish quality perform-ance → Recognise and reward quality → Leadership for quality → Safeguard quality → **Stay ahead**

There are continual changes in clinical practice to techniques, technology and the roles of clinicians.



To have the most impact, new discoveries need to be adopted and then spread across clinical practice. SHAs now have a duty to innovate.

### In practice
Innovation funding and prizes have been established. A number of Academic Health Science Centres (AHSCs) have also been established, and Health Innovation and Education Clusters (HIECs) are being established to help bring innovative practice closer to patient care.

# Supporting nurses to deliver quality

Quality outcomes for patients cannot be achieved without a quality workforce. A number of workforce drivers have been put in place, and are being further developed, to make sure that the nursing workforce can lead in making quality the driving principle in healthcare delivery.

## A career framework for nurses

The second phase of *Modernising Nursing Careers* (December 2009) has been working to develop national tools to support nurses and employers. This work comes from the *High Quality Workforce* (June 2008) commitments. The nursing career framework demonstrates the breadth of nursing roles across pathways, settings and sectors, which shows how nurses can progress vertically and horizontally by developing their knowledge, skills and competencies. Employers can also use the framework to ensure that service-planning approaches use the most effective mix of nurses to deliver optimal quality care.

## Preceptorship

A national framework and funding have been developed to promote nurses as confident, autonomous practitioners, and to ensure that preceptorship is available for all new registrants.

## Leadership

The National Leadership Council (NLC) is developing initiatives that embrace nursing, including clinical leadership fellowships and a multi-disciplinary leadership competency framework, with an associated accreditation system.

## Healthcare support workers

Nurses are increasingly leading care and delegating to healthcare support workers. DH is exploring how to strengthen and standardise education and training frameworks for support workers in Bands 1–4.

## Pre-registration nursing

The Nursing and Midwifery Council (NMC) has reviewed pre-registration nurse education and has developed new standards for future education programmes that will prepare nurses at degree level to lead and deliver care in an increasingly complex technological world, and across organisational settings.
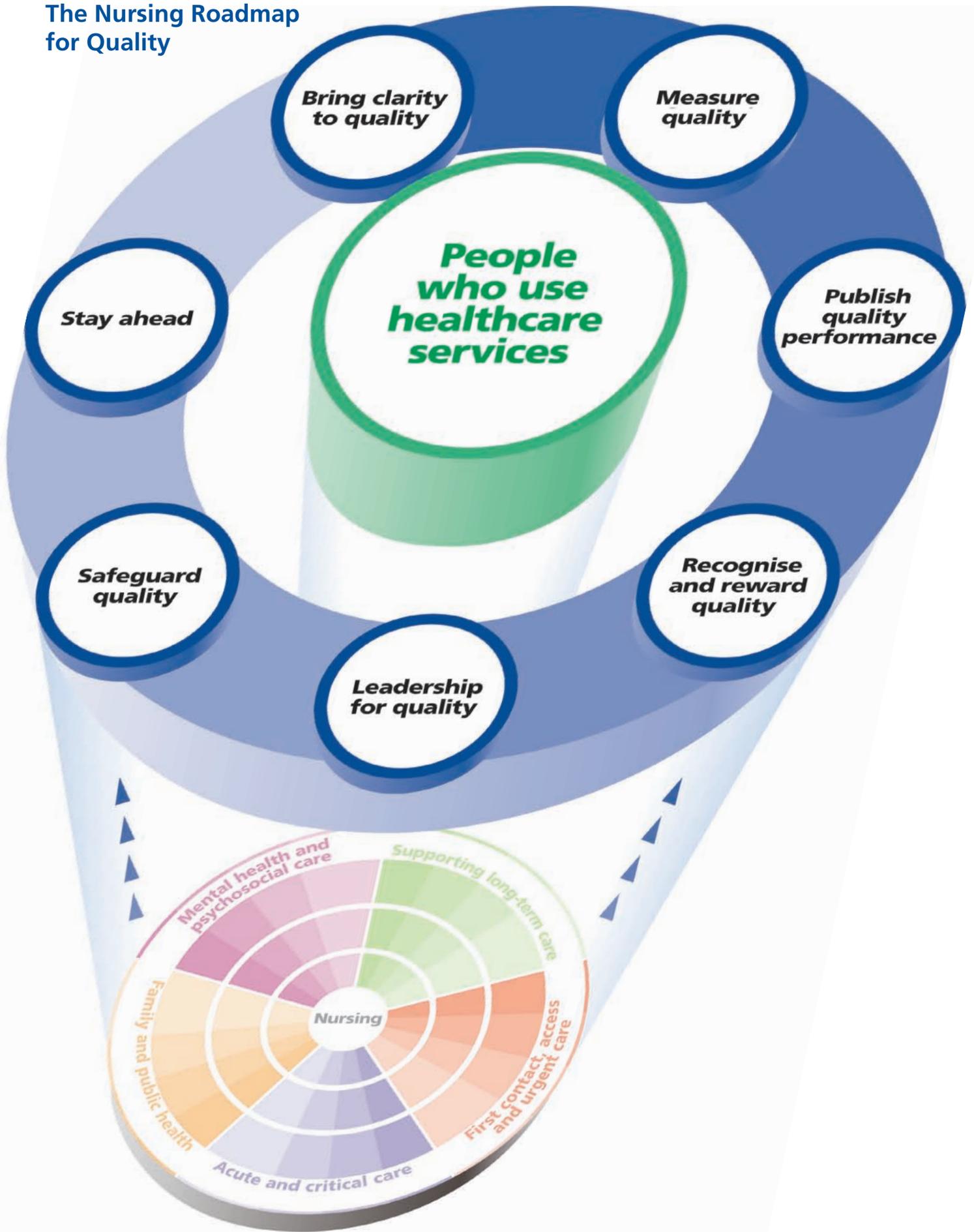
## Image of nursing

Patients and the public need to understand what modern nursing is like to ensure that we attract sufficient numbers of high-calibre nursing applicants. Those using the NHS also need to understand the range of nursing roles in the modern health service.

### Resources

- **The Association of UK University Hospitals:**
  www.aukuh.org.uk

- **The Paediatric Acuity Nurse Dependency Assessment (PANDA) software.**

- **The Career Framework for Nursing and the Preceptorship Framework:**
  http://tinyurl.com/yfjj8dq

- **Energising for Excellence in Care:**
  (see above)

Bring clarity
to quality

Measure
quality

People
who use
healthcare
services

Stay ahead

Publish
quality
performance

Safeguard
quality

Recognise
and reward
quality

Leadership
for quality

Mental health and
psychosocial care

Supporting long-term care

Family and public health

First contact, access
and urgent care

Nursing

Acute and critical care

# Looking to the future

Nursing makes up the largest element of the healthcare workforce, and as a nurse you have a significant opportunity to make a further contribution to positive experiences and outcomes of care. In your practice, whether it is in the patient's home, in a clinical setting, or in the community, the Prison Service or the Armed Forces, better understanding what you do and how you deliver care is important to patients and to your practice.

You are also well paced to identify aspects of your work that are repetitive and do not add value to your nursing care. Nurses are key to identifying what could be done better, usually at less cost. You can reduce unhelpful working practices and waste from the practice. Nurses have a strong sense of preventative care and health promotion. In essence, this is what the quality productivity challenge is about: reducing waste and being more effective while maintaining quality care.

As we move forward, the nursing profession will have to adapt how they work and what they do. To demonstrate the benefit and contribution of nursing means having the right information by collecting new evidence in new ways. This is where the e-health agenda and quality come together, to achieve a more effective future for nursing care.

The e-health agenda:

- is becoming integral to professional practice; this links to the Nursing and Midwifery Council (NMC) guidance *Record Keeping: Guidance for nurses and midwives (*July 2009) and *The Code: Standards of conduct, performance and ethics for nurses and midwives* (April 2008);

- makes a positive difference to patient experience and working practices;

- helps reduce duplication and waste in the system; and

- records the added contribution of nursing to patient care.

Department of Health

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