Nursing and Care Quality Forum

Prime Minister
10 Downing Street
London

18 May 2012

Dear Prime Minister,

When we met a month ago, you set the Nursing and Care Quality Forum a challenge to identify measures that would help to improve the quality of nursing and care in all care settings. I am delighted to be able to present our initial recommendations and plans for our next phase of action in the enclosed report.

Chairing this Forum is a great privilege. Alongside my fellow Forum members, we have a huge opportunity to make a difference. Having worked in the NHS as both a physiotherapist and nurse, I know how challenging it can be to deliver services with kindness and compassion, day in, day out. But, I have seen the other side as well. For many years, I have been a representative of patients, service users and their families, so I know the positive impact of a member of staff who delivers the highest quality of care in a caring manner. Seeing the service from both sides has helped me to understand that the overwhelming majority of staff go to work to deliver this compassionate care. The NHS Constitution states that the NHS 'touches our lives at times of basic human need, when care and compassion are what matter most'. I am optimistic that, with the right support, everyone providing care at the frontline has the potential to live up to this statement and make it a reality for all who need their help.

When you announced your intention to set up the Forum, this was against a backdrop of high profile failures in the quality of care, from isolated cases reported in the media, to systemic problems at Mid Staffordshire NHS Foundation Trust and Winterbourne View. These cases have demonstrated that there are problems with the quality of some nursing care, and some of these problems are very serious. However, such cases are not representative of the quality of care that the majority of nurses deliver. Across the country, there are examples of individuals, teams and organisations working tirelessly to deliver excellent care to the people who use their services, and we need to learn from them. We must also be very careful not to lay all quality problems at the feet of nurses. They are part of wider multidisciplinary teams and the system that wraps around them will either help or hinder them in achieving their ambition to achieve high quality care.

There are also growing challenges to providing care, including those presented by an ageing population. The time and skills needed to care well for a person in hospital with complex needs, such as dementia, are significant. But, the bigger challenge is how we can design and promote services that meet the needs of people in the best possible way and in the most appropriate setting, which will not always be in hospital. As a Forum, we are committed to supporting the quality of care that is delivered by nurses in all sectors - NHS, Local Authority or independent sector - and all settings, for example primary and community care, mental health services, care homes and people's own

homes. Politicians need to do the same and not neglect these critically important settings because the media focus is elsewhere.

I have been very impressed by the enormous enthusiasm shown by nurses and others to get involved and be part of our initial work. From our engagement events and online survey, we have heard from over 500 people and many organisations, commenting on our ideas and sharing best practice. Their willingness to engage within such a short period of time shows how important the provision of high quality care is to them.

A strong theme from this engagement was the issue of staffing levels and skills mix and we make some important recommendations on this issue. Of course, more money and more staff would always help, but we need to ensure we use the resources we have available to deliver more effective and efficient high quality care. Nurses need to rise to this challenge, backed by strong leadership at every level. As one Mental Health Nurse in an engagement session said, "*70% of my organisation's workforce are nurses - we could start a revolution*". For the benefit of the people who use our services, the profession must look forward, take control of the care it delivers, and take responsibility for driving and implementing change. Nurses should feel confident and proud to deliver top quality care to those who need it.

Better use of technology could also help to free up time. While technology has developed to support many aspects of care, from more easily adjustable beds to mobile chemotherapy units in people's homes, the technology used to support nurses and those providing care has not moved forward at the same pace. This was a strong theme from our feedback. It cannot be right that delivery drivers for the major supermarkets have better technology at their fingertips than many community nurses.

When we met, you said there would be no magic bullet. But you were also right to set us a challenge to report back quickly to help build momentum. You asked us to be bold. It is only worth being bold if we can bring people with us and we will need time to gain consensus between the profession and other components of the health and social care system, including patients, service users and carers, on some of the more systemic issues.

The following brief report sets out our recommendations. Given the breadth of organisations involved in providing care, as part of our next stage we will consider how these might be applied differently in different care settings.

Many of our recommendations build on existing examples of good practice that we have seen. A key part of our next stage of work will be working with others to establish the evidence and seek ways to spread best practice. Building on previous processes to gather evidence, we will create an evidence base and a resource for others to use. We will identify and show-case teams and organisations which are providing high quality innovative practice to help to reignite pride and inspire change. And it won't just be about good practice in the NHS. The NHS and others can learn and benefit from colleagues delivering best practice in other provider settings too.

Organisations and individuals need to have a relentless focus on the service they deliver to ensure that people receive the best quality care and achieve the optimum level of health. We support those organisations that are taking a systematic approach to improving quality by placing it at the heart of all they do, for example by following the

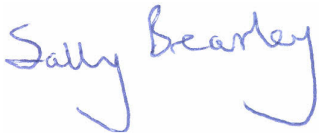
Energising for Excellence framework. We strongly endorse national promotion and adoption of this framework, while recognising that some organisations may be following alternative models that have similar principles. We know that people receiving care want to be assured that individuals, teams and organisations are investing to achieve improvements and high standards of quality. We recommend developing a quality mark to recognise individuals and teams who demonstrate a commitment to delivering excellent care and to provide a symbol for people to look out for.

In our next phase, we will work with others to reach a consensus on the appropriate system levers to enable commissioning for quality in nursing and care. We will also contribute actively to relevant work being led by other organisations and draw on forthcoming reports that will raise nursing and care issues. We have had useful initial discussions with a number of organisations and will work closely with them and Jane Cummings, Chief Nursing Officer for England, and Viv Bennett, Director of Nursing in the Department of Health and the Government's Principal Advisor on Public Health Nursing. In our next phase we plan to convene a series of seminars and roundtables, to explore some 'hot topics' and would be delighted if you were able to join us on occasion, or at any of our showcasing events.

Thank you for providing us with the opportunity to undertake this important work to identify ways in which we can help and support those providing nursing and care to deliver the fundamental elements of good care - compassion, dignity, respect and safety - first time, every time and to everyone. I would be delighted to discuss any aspect of our report with you. We plan to provide you with a further update in September, setting out further progress and potential options for next steps. Depending on the issues identified, we may need to revise our membership at this stage.

Finally, I should like to take this opportunity to thank all the members of the Forum for their energy and commitment over the past month.

Yours sincerely,



Sally Brearley
Chair, Nursing and Care Quality Forum

Promoting and achieving accountable and empowered nurse **leadership** across the system.

What we heard and the context

We have heard overwhelmingly that strong, empowered and accountable nurse leadership is crucial to the delivery of safe, compassionate, high quality care and to the motivation and satisfaction of staff who provide the care. This is true in all care settings, at all levels of leadership: from ward or community team level, right through to the Board.

The feedback strongly suggests that having a leader whose role is focussed on being able to organise and co-ordinate the ward, department or community team; supervise and support staff; spend time talking to people in their care and their loved ones; and ensure standards are maintained, will build good team dynamics and result in positive care outcomes.

A visible leader who has managerial expertise, a wealth of clinical experience and is able to lead by example can gain the respect and confidence of both staff and those people who are receiving care. The best leaders walk in the shoes of their teams, supporting, coaching and making themselves available to comfort, reassure, listen and respond to first hand feedback. Leadership is not something that only applies from Monday to Friday, nine until five. All teams need to benefit from strong leadership, regardless of the shift that they work on, and the setting they work within.

Good clinical, managerial and leadership skills require programmes of education, development and support, as well as exposure to a range of experiences, in order to both prepare individuals for these roles and support them when they are in post. The importance of career long development cannot be underestimated. Students need to be supported both in their clinical placements and after registration to develop the wide range of skills, competencies and behaviours required to become a leader. However, this development needs to continue as they progress along their career. Staff of all levels of experience and seniority still need access to high quality continuous development, and the feedback we have received also made it abundantly clear that in order to achieve this, nurse leaders need sufficient time to undertake this development.

We heard that more work could be done to promote nursing role models and to improve the public perception of the nursing profession. Both the Government and the media could play a greater role in recognising the key role that nurses have in contributing to the nation's health. They should showcase the wide range of specialties of care delivered and career opportunities available in nursing – for example adult, children, learning disabilities and mental health care practice across a variety of settings, and also in education and research. The Government could also help to raise the profile of nurses who are developing and discovering new and innovative approaches to delivering care through research. Some innovators are rewarded through initiatives such as the 'Nurse First' programme, the National Institute for Health Research Fellowship scheme and the Nursing Times awards, but their ideas are often not widely implemented and are rarely publicised outside the nursing profession. The feedback highlighted the visibility of the Teaching Agency's recruitment campaign

and the excitement and passion that these convey about a career in teaching. It is noticeable that in contrast nursing career information does not have this prominence.

Our initial recommendations

In general, it is standard practice that ward sisters and community team leaders are expected to be both in-charge but also to manage a caseload. The feedback emphasised the importance of leaders being given the time to effectively undertake their leadership role. **So that nurse leaders, whether ward or community based, have time to lead and be accountable for their clinical area they should be fully in charge and supernumerary. Achieving this should not be centrally prescribed, but driven locally by clinicians and managers working together. The Forum will identify organisations that are already embarking on achieving this shift and seek ways to share their success factors, in order to help turn best practice into common practice.**

Over the years the autonomy and authority of nurse and care leaders has been eroded by the development of other roles and local systems. We heard from some leaders that they felt constrained by the requirement to escalate the most basic issue in order for it to be resolved. Nurses would relish the accountability that comes with increased decision-making. **Organisations should seek ways to ensure their systems, processes and resources support their nurse and care leaders to have authority to act and make decisions relating to their teams and the people they care for. Where barriers exist that prevent this being achieved, they should be removed.**

New leadership development and support is needed to equip our nurses with the necessary skills and competence to lead their team effectively. This was reinforced by staff who tell us that there is a need to have a national, consistent approach to leadership development. The NHS Leadership Academy and National Skills Academy for Adult Social Care have made a good start here, in developing a description of leadership competency approaches with a range of supporting tools and programmes to help embed this. In our next phase, we will help to promote these. We will also work with them to engage with nurses, to identify in which leadership areas they need support and how best these needs can be met. The solutions might include a range of offers, including coaching, mentoring and programmes that help develop new clinical leadership skills and behaviours.

Our next steps

In our next phase of work, we will place a call for action to identify what good looks like in terms of leadership. We will look for evidence of local good practice in developing leaders and will work with the relevant organisations to consider an approach for identifying and nurturing leadership potential. We will also look to collect evidence of best practice in creating empowered nurse leaders who have the freedom to lead.

We would also like to look at the opportunity for formalising talent spotting and the use of structured development programmes in nursing and care with clear measurable outcomes, building on the example of the management training scheme or other equivalent development programmes in other areas.

Finally, as per the feedback, we will be looking into ways of promoting nursing role models and improving the public perception of the nursing profession. As the new national bodies in the health and care system and clinical commissioning groups become established, there is an opportunity for their senior nurses to work with the Chief Nursing Officer for England to promote a positive, collaborative image of nursing.

Workstream lead: Professor Janice Stevens

Making sure that those providing care have the **time** to do so properly.

What we heard and the context

Just as our nurse leaders need time to lead, all nurses also need time to care. We have heard from staff that when they are under time and workload pressures, safety and the quality of care can be compromised. Delivering high quality care with compassion, dignity and respect with good heath outcomes is extremely challenging if there are not enough skilled and suitably competent staff.

We heard overwhelmingly that staff are concerned about staffing levels and skill mix within their teams and the subsequent impact that this has on the quality and safety of care, and people's overall experience of the care they receive. There is increasing national and international evidence that links staffing levels and skill mix to outcomes for people receiving care, and some high profile care failures point to inadequate staffing as a key factor. Boards, and their equivalents, are responsible and accountable for ensuring that staffing levels and skill mix are safe.

However, staffing levels and skills mix are only part of the story. During their Dignity and Nutrition Inspection programme, the Care Quality Commission reported examples of poor care even when staffing was adequate. Other factors such as leadership and organisational culture play a key part so it is important that staffing levels and skills mix are seen in the round.

During our engagement, we have heard strong messages from staff that unnecessary bureaucracy that adds little or no value to the quality of care has an adverse impact on the care they want to deliver. Nurses want better electronic systems to support them when completing essential documentation, a reduction in the amount of paperwork, and support from dedicated administrators to help free up their time to care. People in our care and their families and carers are frustrated about having to give the same information over and over again. Both they and staff want to avoid repetition. Employers in other industries embrace the most modern technology to ensure that their staff deliver high quality customer service, and the health and care system should be no different. The community mobile pilots demonstrated how technology can be used to improve productivity and quality for the people being cared for and job satisfaction for nurses, as well as giving the potential to increase the range of care. These pilots enabled community staff to use hand held technology to obtain and submit real-time health information at the point of care.

And of course there are systems and processes that individual teams can also introduce as well to ensure that they have a greater focus on care. For example, having care plans and routines which put the person at the centre of their care, such as 'rounding with intention to care' where every individual knows they will have at least hourly contact with staff. We heard that nurses thought regular contact with people in their care was important, although they cautioned against a box ticking exercise, emphasising that it must be done with purpose and implemented in a meaningful way. Other processes such as having a streamlined nursing and care handover with the next shift which is done along with the individual receiving care puts people at the heart of their care and emphasises the principle of "no decision about me without me". This allows nursing

and care teams can get on with the 'business of caring' from the very start of their shift, putting themselves in the best position to plan and respond to the needs of the people in their care.

Our initial recommendations

Boards and their equivalents are responsible and accountable for ensuring that their staffing levels and skills mix are safe. Therefore they should review staffing levels and skills mix using best practice frameworks on a bi-annual basis, or sooner if a significant change to services is proposed. Where establishments do not reflect those recommended by the frameworks the Board or its equivalent should clearly articulate the rationale for this. More research would be useful to look at staffing and skills mix in areas where there is very little evidence, such as community settings and mental health.

The regulator also has an important role to play. Given the strength of feeling on this issue, **as part of its routine inspections, the Care Quality Commission should seek assurance that organisations are reviewing their staffing levels and skill mix and that they are taking appropriate action where staffing levels expose concerns over quality and safety. We would like them to report back on this issue in their State of Care report.**

Before implementing changes to establishments, Boards or their equivalent should assure themselves that a comprehensive review of staffing and skills mix has been undertaken. The Director of Nursing, supported by the Board, should sign off any proposed changes in line with the 2012/13 Operating Framework requirement. Monitor and Commissioners should seek evidence of this assurance. Commissioners should make it part of their routine dialogue with providers to seek assurances about staffing levels and skill mix.

And having more staff is not the only solution. **So that they have more time to spend on delivering care, local organisations should use technology to free up nursing and care time and avoid duplication of information capture at the point of care.** This includes technologies that help facilitate a reduction in duplication of information capture at the point of care. Evidence shows that appropriate use of technology to support clinical care can improve safety and productivity.

Those roles providing admin support to front line staff are essential to freeing up nurses so they have time to care. **Organisations should review the administrative support available to their front line staff.**

We want to **accelerate the implementation of person centred approaches such as 'rounding with intention to care' – where every individual receiving care knows they will have at least hourly contact with staff – and we believe that wherever possible, handovers should be done alongside and involving those we care for.** Therefore, we will identify and work with demonstrator sites in a range of care settings (including hospitals, care homes, mental health and community settings) and use the lessons learnt to support others on their implementation.

Our next steps

Our next phase will focus on what steps should be taken to strengthen provider accountability for safe staffing and we will explore what levers and incentives are available to deliver this. We will also work closely with the Care Quality Commission to consider what steps commissioners and other national organisations could take to drive up improvement where the Care Quality Commission has observed a breach in compliance.

We will use best practice evidence from demonstrator sites to develop a toolkit to help organisations to implement personalised approaches to care.

We want to better understand the bureaucracy that has an impact on nursing practice. Nurses have told us that bureaucracy takes many forms, from duplicating demographic data, to disproportionate patient needs assessment, to cumbersome and labour intensive systems and processes. We will explore these issues more fully and seek out examples of best practice. We will take account of the forthcoming Department of Health Information Strategy. This work will enable us to develop a series of recommendations on identifying and eliminating bureaucracy.

In the next phase we will also look specifically at what "time to care" means in primary and community services.

Workstream lead: Elaine Inglesby-Burke

Making sure that the **right culture and the right values** that put the people we care for first prevails at all times.

What we heard and the context

High quality care needs to be safe and effective, but also needs to be centred around the experience of the person being cared for. People want those who care for them and their loved ones to be qualified to do the job and they can take it for granted that they will have this knowledge and the appropriate technical ability. Where care falls down, it is often is due to the culture and values within the organisation or team, where the person receiving care has been removed from focus.

We heard that people want a shared set of values to work from, and that the core values of compassion, respect, dignity, equality and putting the person at the centre of their care are as relevant now as they ever were. Alongside these core values, we heard that organisations and teams should identify the values that the people they care for require them to have, and promote these at all levels of the organisation and across teams.

We heard that people want those caring for them to have the knowledge, skills and competencies to deliver safe and effective care. But they also want to know that they hold the right values to effectively care for others. People want to see assessment of values throughout careers, and many people told us about useful tools or practices they would like to see embedded to assist with this.

We heard that the effectiveness of clinical and care supervision and access to quality mentoring support is often variable. People want to see staff continuously supported in promoting and demonstrating the right values, and to act on feedback in order to improve.

Although we have been considering these issues from a nursing perspective, we believe that they equally apply to other professions who have frequent contact with those receiving care as well, particularly care assistants.

Our initial recommendations

The importance of those providing care having the values that drive them to act with care and compassion should be promoted and supported throughout their career. People who have these values are more likely to be confident to stand up and challenge poor care and behaviours.

People need to retain their values and learn and improve in order to adapt their behaviours right the way through their career. Leaders play an important role in embedding the right culture throughout the organisation and ensuring that care is compassionate, dignified, respectful and person-centred as well as safe and effective. **Leaders should ensure they support and challenge staff to live the appropriate values and these should be built into their ongoing supervision and development (including in the annual appraisal process).**

As well as continuous support and development within roles, people must be recruited based on their values, in addition to their knowledge and skills, right from the start and

throughout their career journey. **When recruiting to posts, HR directors should ensure their processes test for values as well as skills for all staff, including Board members.**

In order to ensure those entering the nursing profession have the appropriate values to effectively care for others, commissioners of education should ensure universities use a process that tests for values/compassion alongside assessing capability when recruiting nursing students. Universities should also engage provider organisations and service users in the recruitment process. We know that some universities already demonstrate excellent practice in this area, but others do not. When students are in placements then the experienced workforce can help. They can show students how to act with care and compassion so they learn by example. In addition, mentors overseeing students' learning in placements should ensure that only those students who demonstrate both compassion and competence pass the course. We need a new cadre of clinical nurse academic who can work between practice and education to do this and who can also develop new knowledge and evidence to underpin high quality and safe care.

And while the capacity to care is important, it is not the only selection criteria for a nurse. As reflected in the feedback, the academic skills and knowledge attained at pre-registration level are essential components for safe and effective autonomous practice. **The Forum strongly believes that pre-registration nurse education should remain at degree level.**

Our next steps

Building on our initial recommendation, we plan to look at existing best practice on effectively recruiting, promoting and sustaining values in different types and different sizes of organisation. People asked for a national set of values and the starting point for this should be those in the NHS Constitution, which are relevant across care settings. We look forward to seeing the work being done within the review of the NHS Constitution, and how it can be further promoted to staff.

Staff need to be valued for the work they do, to feel able to raise concerns about poor behaviours and practice, and to champion and role model the right values and culture at all levels of the organisation. We will therefore look further at the role that leaders can play to embed and role model the right values in their organisations.

We will specifically look at the role that nurses can play as 'guardians' of quality within the governance of care. This includes the importance of clinical and care supervision, mentoring and coaching within their teams, right up to their roles at the most senior levels of our organisations where they need to have an active and clear role in decision-making, and their voices listened to and acted upon.

Given our strong recommendation about the importance of degree level nurse education, and the importance of values being built into the recruitment process, we also welcome the establishment of the commission on nurse education, led by Lord Willis of Knaresborough, and look forward to seeing the results of their work over the coming months.

Workstream lead: Professor Tricia Hart

Involving, listening to, hearing and responding to feedback from the people we care for.

What we heard and the context

Nurses and care assistants are the backbone of the health and care service. As a staff group they have the most frequent contact with people receiving care and their families and are often the staff that people receiving care confide in with their concerns. This provides a great opportunity for nurses to play a key role in improving the quality of people's experience.

We heard that it is important for people to be listened to about the care they are experiencing, and most importantly that this feedback is acted upon. Real time, honest and meaningful interaction between those who are caring and those who are being cared for, is crucial for effective communication. It should be focussed on ensuring that care is truly centred around the needs of the person. Staff need to be supported and challenged to actively engage with those in their care, and to respond to feedback in a constructive way.

In addition, people feel that organisations need to be held to account for the experience of care that people tell them they are receiving, so that improvements are made. People feel that standardised tools could help organisations in doing this, and allow meaningful comparisons to be made, both locally and nationally. We also heard about the importance of transparency about action taken to respond to feedback when given, with many mentioning simple 'you said, we did' methods of feedback and communication.

We have heard that we need to value, support and engage staff to reignite their passion for the profession. Staff engagement and wellbeing influence the quality of care that is provided. It is therefore important that staff experience is measured alongside the experience of those receiving care, and that organisations take steps to improve on the basis of this dialogue and feedback.

Within the NHS, one of the key tools available to organisations to help them measure the experience of both staff and people receiving care is known as the 'friends and family test'. It involves asking people - patients and staff - if they would recommend the organisation or service to a loved one who needed care. This test will help provide the NHS with the real time evidence to enable it to tackle unacceptable poor quality care. Outside of the NHS in wider care settings and the independent sector, this type of question is often already commonplace, and we would encourage organisations to ensure that they continue to use this feedback to measure and improve. However, it is important to recognise that this care is delivered by a variety of people across a team or pathway. Nurses should not be blamed for all failures in care, and they need other staff to work with them to deliver improvement. These tools should allow leaders of organisations to work with their teams to identify how improvements could be made.

Our initial recommendations

It is critical that the NHS takes far greater notice of what people think about the quality of care they receive. This feedback can help them drive improvements locally. An important way of doing this is asking people whether they would recommend the organisation where they have received care, should a loved one require treatment. We therefore support the focus on this by the Prime Minister, but **we need to go further and faster with the friends and family test. We would like to see immediate roll out across the NHS with a view to developing a national measure as soon as practicable.**

This method of seeking feedback – the 'friends and family test' - should be a simple and regular process, which organisations can use to gain feedback in real time, at every meaningful level and then used alongside other measures in order to give a total view of the quality of care. In our view, this should be used for the purposes of improvement right down to team level.

But however important it is to understand what people receiving care think, their experiences are episodic; the staff are there day-in, day-out and will have an in depth knowledge of the care that is provided. The staff survey already asks a question about this but we recommend that this becomes a key focus of attention at every level of the system. **The Government should consider a national goal to increase the proportion of staff that would recommend the quality of care provided by their organisation, if their own loved ones needed care.** It is critically important to see how staff view the quality of care in their organisation and every level of the system should look at this – providers, commissioners and regulators. This should apply to all care settings.

The results of friends and family tests should be available to the public and in a way that the quality of care in organisations can be compared. We also believe that we should reach the point where the same question is asked of patients as of staff, in order to allow for a consistent approach.

The NHS has a lot it could learn from many other health and care providers who already use regular customer feedback to improve services.

This measurement needs to be coupled with a pledge or commitment to deliver real improvements year on year. It is not enough to simply ask the question. If those receiving care, their carers and staff wouldn't recommend services then nurses, teams and leaders, right up to Board level, will know they have problems and they can do something about it.

We also believe that further work to promote and develop measures and innovative feedback mechanisms about the quality of nursing and care would help people to give and receive more detailed and personalised feedback on the care they are providing or receiving as well as to provide information for national benchmarks and for commissioners.

Our next steps

Over the next few months the Forum will be focussing on sharing best practice relating to how individuals and organisations can best act on the feedback they receive in order to make improvements, and to be transparent about the action they have taken.

We will look at the role that individuals and organisations can play to involve people in decisions about their care, measure outcomes and take action as a result, and also to consider people's experience of care across a whole pathway. We will also consider how indicators sensitive to the quality of nursing and care can be developed and integrated into local and national measures.

Workstream lead: Dr Ruth May

Summary of our key initial recommendations

Leadership

- So that nurse leaders, whether ward or community based, have time to lead and be accountable for their clinical area they should be fully in charge and supernumerary. Achieving this should not be centrally prescribed, but driven locally by clinicians and managers working together. The Forum will identify organisations that are already embarking on achieving this shift and seek ways to share their success factors, in order to help turn best practice into common practice.
- Organisations should seek ways to ensure their systems, processes and resources support their nurse and care leaders to have authority to act and make decisions relating to their teams and the people in their care. Where barriers exist that prevent this being achieved, they should be removed.
- New leadership development and support is needed to equip our nurses with the necessary skills and competence to lead their team effectively.

Time to care

- Boards and their equivalents are responsible and accountable for ensuring that their staffing levels and skills mix are safe. Therefore, they should review staffing levels and skills mix using best practice frameworks on a bi-annual basis, or sooner if a significant change to a service is proposed.
- As part of its routine inspections, the Care Quality Commission should seek assurance that organisations are reviewing their staffing levels and skill mix and are taking appropriate action where staffing levels expose concerns over quality and safety. We would like them to report back on this issue in their State of Care report.
- Before implementing changes to establishments, Boards or their equivalent should assure themselves that a comprehensive review of staffing and skills mix has been undertaken. The Director of Nursing, supported by the Board, should sign off any proposed changes in line with the 2012/13 Operating Framework requirement. Monitor and Commissioners should seek evidence of this assurance.
- So they have more time to spend on delivering care, local organisations should use technology to free up nurse time and deliver good care and avoid duplication of information capture at the point of care.
- Organisations should review the administrative support available to their nurses.
- We want to accelerate the implementation of person centred approaches such as 'rounding with intention to care' – where every individual receiving care knows they will have at least hourly contact with staff – and we believe that wherever possible, handovers should be done alongside and involving those we care for.

Culture and values

- Leaders should ensure they support and challenge staff to live the appropriate values and these should be built into their ongoing supervision and development (including in the annual appraisal process).
- When recruiting to posts, HR directors should ensure their processes test for values as well as skills for all staff, including Board members.
- In order to ensure that those entering the nursing profession have the appropriate values to care effectively for others, commissioners of education should ensure universities use a process that tests for values/compassion alongside assessing capability when recruiting nursing students.
- The Forum strongly believes that pre-registration nurse education should remain at degree level.

Involving, listening to, hearing and responding to feedback

- We need to go further and faster with the friends and family test. We would like to see immediate roll out across the NHS with a view to developing a national measure as soon as practicable.
- This method of seeking feedback – the 'friends and family test' - should be a simple and regular process, which organisations can use to gain feedback in real time, at every meaningful level and then used alongside other measures in order to give a total view of the quality of care.
- The Government should consider a national goal to increase the proportion of staff that would recommend the quality of care provided by their organisation, if their own loved ones needed care.
- The results of friends and family tests should be available to the public and in a way that the quality of care in organisations can be compared.

Nursing and Care Quality Forum - membership

Chair	
Sally Brearley	Sally is a former nurse and physiotherapist. She is currently a member of the National Quality Board and a keen advocate for patient and public involvement
Workstream Leads	
Empowered and accountable nurse leadership: Professor Janice Stevens CBE	Independent Healthcare Consultant and former National Director of Healthcare Associated Infections programme
Time to care: Elaine Inglesby-Burke	Director of Nursing, Salford Royal NHS Foundation Trust
Right culture and right values: Professor Tricia Hart	Deputy CEO / Director of Nursing & Patient Safety / Director of Infection Prevention & Control for South Tees Hospitals NHS Foundation Trust
Involve, listen to, hear, respond to feedback: Dr Ruth May	Nurse Director for the NHS Midlands and East SHA Cluster
Cross-cutting Leads	
Education and training: Professor Jessica Corner	Dean of the Faculty of Health Sciences Vice Chair of the Council of Deans for Health
Considering all care settings: Sharon Blackburn	Policy and Communications Director for the National Care Forum
Forum Members	
Trudie Brailey	Unison Representative, Staffside Chair and Assistant Practitioner, Northern Devon Healthcare Trust
Lorna Catlin	Matron at Burton Hospitals NHS Trust
Kathryn Clarkson	Nurse representative for Pendle locality Clinical Commissioning Steering Group
Jo Coombs	Director of Quality and Nursing NHS Airedale, Bradford and Leeds (Cluster PCT)
Janet Davies	Executive Director of the Royal College of Nursing
Gill Duncan	Director of Hampshire County Council's Adult Services
Catherine Gamble	Mental Health Consultant Nurse, South West London and St Georges Mental Health NHS Trust
Annette Hall	Ward Sister, Milton Keynes Hospital NHS Foundation Trust
Gill Harris	Director of Nursing, Wigan, Wrightington and Leigh
Vicki Leah	Consultant nurse, University College Hospital London
Katherine Murphy	Chief Executive, Patients Association
Rita Newland	Director of Education, Nursing and Midwifery Council
Jayne Parker	Adult branch student at the University of Brighton
Candice Pellett	Case Manager District Nurse at Lincolnshire Community Health Services and Queen's Nurse
Linda Sheldrake	Head of Quality and Evaluation, Alzheimer's Society
Expert Advisors to the Forum	

Professor Jill Maben	Director, National Nursing Research Unit, Florence Nightingale School of Nursing and Midwifery, King's College, London
David Oliver	National Clinical Director for Older People, Department of Health