

Sir David Nicholson KCB CBE Chair, National Quality Board

Richmond House 79 Whitehall London SW1A 2NS nationalqualityboard@dh.qsi.qov.uk

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To: All NHS Trust Chairs All NHS Foundation Trust Chairs

Copied to:

All Strategic Health Authority Cluster Chairs All Primary Care Trust Cluster Chairs

I am writing to draw your attention to an important report published today by the National Quality Board that I chair, which sets out a collective view from the leaders of the national system on how quality will operate in the new architecture. We are all united in the common purpose of ensuring that patients receive the highest quality care possible. With the system changing, it is important that we ensure we have clarity as to where responsibilities for quality lie in the new architecture from April 2013.

I therefore urge you to read, understand and hold a board-level discussion about this report from the National Quality Board, which provides that clarity by describing:

- the nature and place of quality in the new health system;
- the distinct roles and responsibilities for quality of the different parts of the system;
- how the different parts of the system should work together to share information and intelligence on quality and to ensure an aligned and coordinated system wide response in the event of a quality failure; and
- the values and behaviours that all parts of the system will need to display in order to put the interests of patients and the public first and always ahead of organisational interests.

The report has been developed through extensive engagement with key stakeholders. It is being published in draft form, and will be updated as necessary in order to take into account any relevant conclusions, findings and recommendations from the forthcoming Mid Staffordshire NHS Foundation Trust Public Inquiry.

The main messages in the report are as follows:

- Quality is systemic. It is not the responsibility of any one part of the system. Rather, it is a collective endeavour, requiring collective effort and collaboration at every level of the system.
- There must be clarity and understanding as to the distinct roles and responsibilities in relation to quality across the system.
- The first line of defence is frontline professionals, both clinical and managerial, who deal directly with patients and carers and are responsible for their own professional conduct and competence and for the quality of the care that they provide.
- The second line of defence is the boards and senior leaders of health and care providers responsible for ensuring the quality of care delivered by their organisations. They are ultimately accountable when things go wrong.
- The third line of defence is the structures and systems that are responsible for assuring the public about the quality of care.
- However, the distinct roles and responsibilities of different parts of the system mean that it is essential that there are robust processes in place to ensure that information and intelligence about quality is shared proactively.
- To strengthen this, the NQB's report sets out a new network of local and regional Quality Surveillance Groups (QSGs). QSGs will bring together commissioners, regulators and other parts of the system to share information and intelligence on quality in order to spot the early signs of problems and to take corrective and supportive action to prevent early problems becoming more serious quality failures. They will be supported and facilitated by the NHS Commissioning Board and will be operational in each local area and region by 1 April 2013.
- The report also ensures that there is a clear process in place for reactively responding to potential or actual serious quality failures, which builds on the existing Risk Summit model.

The NQB's report can be found at the following link: www.dh.gov.uk/ngb

If you have any views on this report that you wish to feed in to the NQB before they finalise their report, please do so by emailing nationalqualityboard@dh.gsi.gov.uk by 30 September 2012.

SIR DAVID NICHOLSON KCB CBE

CHAIR, NATIONAL QUALITY BOARD