Royal College of Nursing

RCN Policy Unit

Policy Briefing 03/2010

Review of early warning systems in the NHS in England

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Figure 1: Structure and processes for safeguarding quality in the NHS[5]

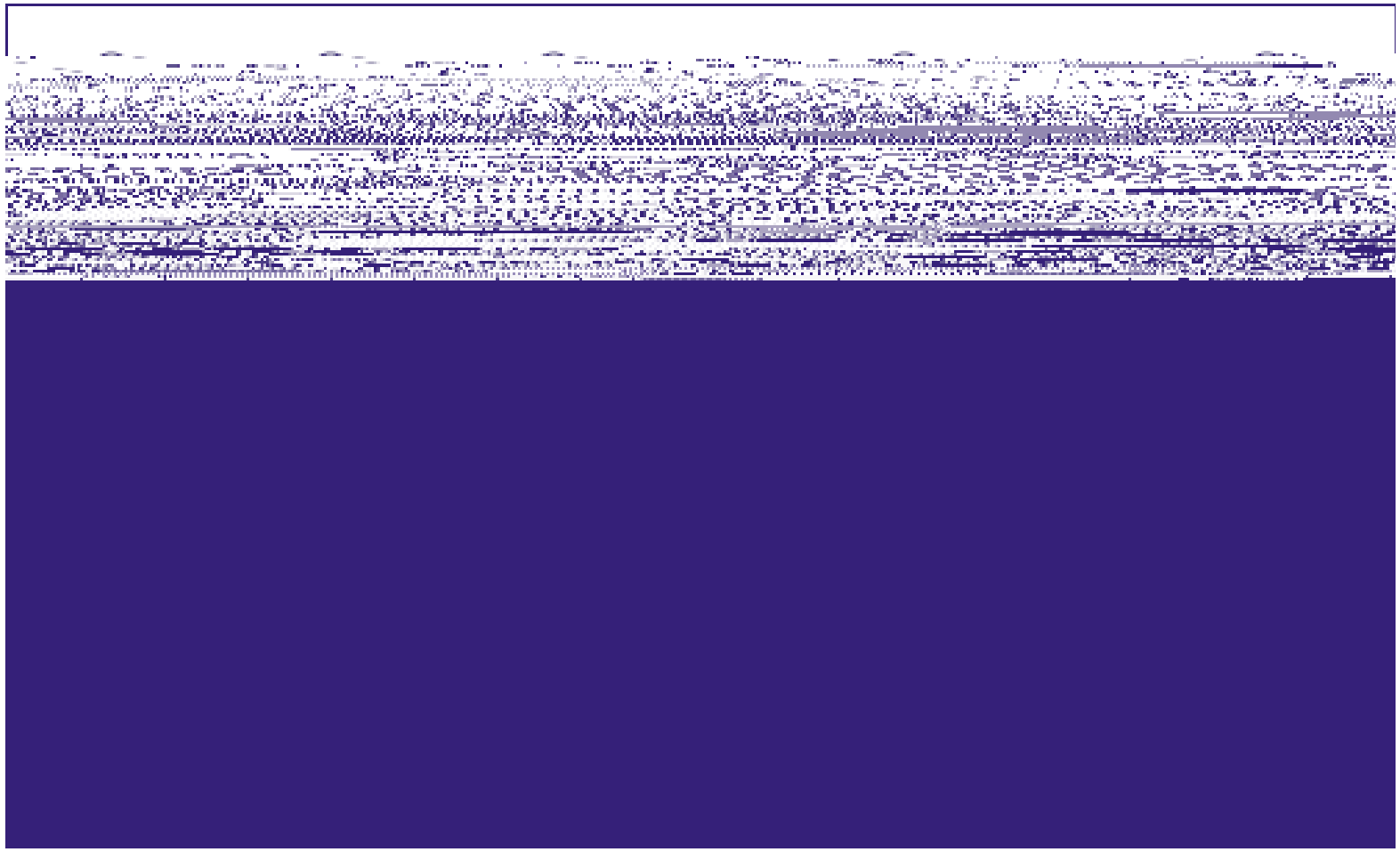
[5] Source: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113021.pdf p.30

The NQB also highlights that there are formal mechanisms for agencies to share information on risk, via the Quality and Risk Profile held by CQC on each provider[6], and the memorandums of understanding between agencies which set out how they will work together, risk summits and collaborative reviews (where information is exchanged on providers and where decisions are taken about which agency is best placed to respond to concerns).

The NQB summarise the NHS early warning system in the figure below, which illustrates that many agencies will need to work together to respond to issues.

[6] For more information on the content of the QRP, see http://www.cqc.org.uk/_db/_documents/QRP_Version_0_Technical_information_for_NHS_providers.pdf

Figure 2: NHS early warning system[7]



[7] Source: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113021.pdf p48

Key recommendations from NQB

NQB have made 7 recommendations, set out below:

Recommendation 1: NQB recommend that trust boards be given further guidance on how best to govern for quality.

Recommendation 2: NQB recommend that the Department of Health works with the Royal Colleges, including the Academy of Medical Royal Colleges, and the Specialist Associations, to look into how professional bodies can encourage a culture of openness and transparency among all healthcare professionals, including supporting them in raising concerns early.

Recommendation 3: The Department of Health will be evaluating the impact of the first Quality Accounts in summer 2010. As part of that evaluation, NQB recommend that the Department assesses how effectively users of services and wider stakeholders have been involved in determining the priorities for improvement set out in the Quality Accounts and in decisions affecting quality of healthcare services, and how effectively organisations act upon patient feedback. Where possible, this should also include exploring the potential for providers to account for improving the patient experience through respecting and involving service users.

Recommendation 4: NQB recommend that they [Monitor's Compliance Framework for NHS foundation trusts and the NHS Performance Framework for NHS trusts] should continue to be moved into closer alignment as set out in the NHS Operating Framework. However, NQB recommend that they are revised in order to make them more sensitive to quality issues so that under performance in quality can be spotted and tackled through performance management before it becomes a serious failure and requires a regulatory response.

Recommendation 5: NQB welcome the extension of the NHS Performance Framework to PCT commissioners from April 2010 and recommend that its future development ensures that the responsibility of PCTs for commissioning high quality services is adequately covered.

Recommendation 6: NQB recommend that the NQB, conduct a review of patient engagement and feedback mechanisms with a view to understanding where they are working well, where more may need to be done and how their outputs are connecting with trust boards and the decision making process.

Recommendation 7: There needs to be a single organisation responsible for

RCN view

The RCN believes that this report is a very useful summary of the way that the system *should* work. That said, there remain some very real challenges to the components required within the system for example; commissioning is not yet world class, the CQC has not yet set out fully how it will work, the Constitution has not yet bedded down as just a few examples. There remain key issues about the interaction of CQC with professional regulators, staffing, leadership, cultures and engagement with the public and patients that are still very much work in progress.

There are also a myriad number of other agencies which have a role to play in the safety and quality agenda who are not included in the overview from the NQB. That may be for pragmatic reasons, the landscape is crowded.[8] These agencies have a range of ongoing work which will also contribute to delivery of safe and high quality care including the RCNs Raising Concerns, Raising Standards hotline for members of the RCN to raise concerns in addition to the local policies and procedures of their employer.[9] Others, such as the NMC are embarking on work to prevent systematic failings by identifying triggers for action, and who might be best placed to take that action.[10]

It is also important to note that the vision set out by the NQB faces some real constraints if it is to be delivered. The NHS is entering into a period of considerable financial challenge and this will make delivering on this vision even more of a challenge than before. The CQC for example, must deliver with around 25 per cent less resource than it had as three separate commissions.[11]

It is also hard to fault the vision set out by the NQB, but there is a need to consider the incentives for delivery. Not just the enforcement powers of CQC, but more widely for how the ensure that behaviours are incentivised which deliver safe, high quality care across all the work of the NHS.

Finally, the Francis Inquiry recommended that a further inquiry should be undertaken into the commissioning, supervisory and regulatory bodies in relation to Mid-Staffordshire NHS Foundation Trust.[12] This may suggest further refinements to the early warning system and the RCN looks forward to contributing to this work.

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[8] See RCN, The regulatory landscape in health and social care in England in 2009: http://www.rcn.org.uk/__data/assets/pdf_file/0005/287780/09.09_The_Regulatory_Landscape_in_Health_and_Social_Care_in_England_in_2009_UPDATED_130709.pdf

[9] See http://www.rcn.org.uk/support/raising_concerns_raising_standards

[10] See Series of triggers could enable NMC to pre-empt lapses in case, Nursing Standard March 31st 2010 Vol 24 No 30 p5

[11] See RCN, Consultation on the system 64org.uk/

Tell us what you think

This briefing is intended to provide a brief review of the NQB report on early warning systems in the NHS, and the Policy Unit would like to receive comments/feedback from as many members as possible on this important issue - policycontacts@rcn.org.uk.

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Additional resources

The NQB report touches on a range of issues. You can find out more about the work of the RCN on our work on safety, quality and system regulation from: http://www.rcn.org.uk/development/practice/patient_safety

RCN Safety Climate Assessment Tool (SCAT):
http://www.rcn.org.uk/development/practice/patient_safety/climate_safety_tool

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RCN, RCN Policy Unit Policy Briefing 05/2009 Looking Back to Look Forward: Key lessons from system regulation of health and social care in England
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