

Quality of care in the NHS

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate. NHS Providers has all trusts in England in voluntary membership, collectively accounting for £124bn of annual expenditure and employing 1.5 million people.

This briefing provides an overview of quality of care in the NHS, including how it is defined, the way in which quality is managed and overseen, and how to engage with trusts on quality of care.

Please get in touch with us (publicaffairs@nhsproviders.org) if you would like more information or have any questions.

Defining quality of care

In England, the NHS uses the definition of quality provided by the [National Quality Board \(NQB\)](#). It sets out a shared single view of quality as “high-quality, personalised and equitable care for all, now and into the future”. This means that care should have the characteristics set out in summary below.

1. Safe

Avoiding harm to patients from care that is intended to be of help. For example:

- Good infection control, minimising incidents of hospital acquired infections like MRSA.
- Good safety management systems to ensure a proactive approach to managing risks.

2. Effective

Providing services based on evidence that produce a clear benefit. For example:

- Care is based on the best available evidence.
- Care promotes a good quality of life.

3. Positive experience – caring, responsive and personalised

Staff involve and treat people with compassion, dignity and respect; and services respond to people's needs and choices and enable them to be equal partners in their care. For example:

- Staff seek accessible ways to communicate with people.
- Staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes.
- Providers seek and act on feedback from service users.
- Service users are supported to make decisions about their own care and support.

4. Well-led

Open and collaborate internally and externally and are committed to learning and improvement. For example:

- Leaders are visible and approachable.
- Leaders set a clear vision and values, with quality as a top priority.

5. Sustainable use of resources

Resources are used responsibly and efficiently, providing fair access to all, and according to need of their populations. For example:

- Minimising waste of medications, consumables and energy.
- Streamlining care to minimise low value activity.

6. Equitable

Provision of care that does not vary in quality because of a person's characteristics. For example:

- Physical premises and equipment are accessible.
- People are given support to overcome barriers to ensure equal access.

Who is involved in delivering quality of care?

- Quality of care is central to the daily work of **all NHS staff**, whether clinicians, managers or wider non-clinical staff.
- **NHS trust and foundation trust boards** are accountable for the quality of care provided by the organisation. Their boards are unitary boards, meaning all board members have collective and corporate accountability for the performance of the organisation and across all areas. The trust board sets strategic direction, monitors performance, provides financial stewardship and ensures high standards of corporate and clinical governance. The board also ensures ongoing dialogue with external bodies and the local community.

- **Integrated Care Systems (ICSs)** play a part in overseeing the quality of healthcare services across different regions and have statutory duties to act with a view to securing continuous improvement in quality. ICSs are expected to build on existing quality oversight arrangements, with collaborative working across system partners, to maintain and improve quality. This includes leading System Quality Groups, which exist to facilitate intelligence-sharing, learning, engagement, improvement and planning to drive quality of care.
- **National bodies:**
 - The role of **NHS England (NHSE)** includes setting national standards and priorities and supporting local healthcare providers in delivering high quality care. Part of NHSE's role is also to lead and support national quality improvement initiatives which focus on specific areas of care, including patient safety, clinical effectiveness and patient experience. NHSE is also responsible for the **National Patient Safety Strategy**, which aims to reduce avoidable harm in healthcare through safety initiatives and ensuring safety policies are embedded in everyday care.
 - The **Care Quality Commission (CQC)** is the independent regulator of health and social care and ensures the quality and safety of care. It carries out this role through inspections and monitoring of a range of data sources. The CQC assesses providers to understand whether they are safe, effective, caring, responsive and well-led and then publishes information to inform the public on how good each local service is. If there are issues with the quality of care that a provider is delivering, the CQC can enforce standards by imposing, varying or removing conditions, suspending a registration or cancelling a registration.
 - The **Parliamentary and Health Service Ombudsman (PHSO)** independently investigates complaints about UK government departments, other public organisations and the NHS in England. The PHSO also makes final decisions on complaints that have not been resolved by the NHS, by government departments or other UK public organisations.
 - The **Health Services Safety Investigations Body (HSSIB)** is responsible for carrying out independent patient safety investigations in NHS-funded care in order to understand, without apportioning blame, why patients may have been harmed or have been at risk of harm. HSSIB's recommendations aim to improve healthcare systems and processes to reduce risk and enhance patient safety. Anyone that speaks to HSSIB during an investigation can do so in confidence and the information they share is protected by law.

- There are several **professional regulatory bodies** (such as the General Medical Council and the Nursing and Midwifery Council) which aim to ensure that proper standards are maintained by health and social care professionals. To practice, professionals must register with the appropriate body, which keeps up to date registers of professionals, maintains standards for education, training and conduct, and investigates when these standards are not met.

Indicators of quality and safety

Ensuring the quality and safety of care is an ongoing process, created by the interactions and experiences of patients and staff within the care setting. It is therefore useful to look across qualitative and quantitative information, including visiting services, to get a sense of the quality and safety of NHS services. Some useful indicators and dashboards to understand the national picture include:

- **NHS Activity Tracker** – each month, NHS England publishes statistics looking at activity and performance across a range of NHS services including urgent and emergency care, routine care, cancer, and mental health. Our NHS Activity Tracker highlights the health service's activity and performance alongside case studies from NHS trusts to showcase how they are tackling the backlog of care.
- **NHS Winter Watch** – every week over the winter period, we track key activity and demand figures across the NHS based on the weekly situation report data from NHS England. This data source highlights where the system is under the most pressure and gives timely insights into the performance of trusts across England.
- **NHS England / NHS Digital data** – they produce a wide range of statistical publications and dashboards to provide visibility on how the health service is performing.
- **NHS Staff Survey** – each autumn everyone who works in the NHS in England is invited to take part in the NHS Staff Survey. The survey offers a snapshot in time of how NHS staff experience their working lives. It captures a national picture alongside local detail, enabling a range of organisations to understand what it is like for staff across different parts of the NHS and work to make improvements. Research demonstrates many links between the experiences of NHS staff, and the satisfaction of patients, so understanding staff experience is key when measuring quality of care.
- **NHS Workforce Race Equality Standard (WRES)** – this annual report provides a snapshot of where NHS trusts and foundation trusts in England are today on addressing race inequalities

in the workforce. The data provides a helpful overview of where there has been improvement and where there is more to be done to address existing discrimination.

- **NHS Workforce Disability Equality Standard (WDES)** – this annual report that provides an overview of the NHS Workforce Disability Equality Standard metrics data analysis and an update on NHSE’s work to advance workplace disability equality. The report aims to enable organisations to understand the challenges that exist with the aim of encouraging improvement by learning and sharing good practice.
- The Care Quality Commission (CQC) – the inspection reports published by the CQC are available to view on [its website](#). The CQC also uses [surveys](#) to find out what people think of the NHS healthcare services that they use, such as the Adult Inpatient survey.
- **QualityWatch** – this is a Nuffield Trust and Health Foundation programme providing scrutiny into how the quality of health and social care is changing over time.
- The Global State of Patient Safety 2023 [dashboard](#) – created by Imperial College London, this provides access to a broad range of indicators, spanning multiple countries.

Engaging with trusts on the safety and quality of care

Visiting trusts and speaking to trust leaders and staff is a powerful way of understanding quality of care, how services are developing, and any challenges, as well as how trusts and their local colleagues are working to address these.

By ‘walking the floor’ during a site visit, MPs and Peers can see how trusts are working to provide safe, high-quality care, talk to staff about their work, and gain an understanding of how national policies work on the ground.