

## The Principles of Better Patient Safety

The questions on the next screens will ask you to consider the principles we would like to see adopted across the healthcare system.

The questions are designed to explore whether you agree with the wording of each of the principles and whether we have missed any points.

The questions refer to each individual principle and the complete list is set out below for reference.

[Principles of Better Patient Safety - Patient Safety Commissioner](#)

Deadline 6 September

### Principles of Better Patient Safety

#### 1. Create a culture of safety

Leaders have a responsibility to lead by example to inspire a just and learning culture of patient safety and quality improvement. They set out to keep people safe, supporting continuity of care, and foster a culture of compassion, listening and restorative practice.

#### 2. Put patients at the heart of everything

Leaders put the patient at the heart of all the work that they do, with patient partnerships the default position at all levels of the organisation. They consider the needs of patients, working collaboratively with them to identify risks, and deliver person centred care. Leaders ensure that the patient voice is central to fully informed consent and shared decision making.

#### 3. Treat people as equals

Patients are treated with fairness, respect, equality, and dignity. Leaders incorporate the views of all, and proactively seek and capture meaningful feedback from patients, families, and staff. Feedback is acted on, to embed equality of voice.

#### 4. Identify and act on inequalities

Health inequalities, and the drivers of health inequalities, are identified and acted upon at every stage of healthcare design and delivery.

#### 5. Identify and mitigate risks

Targeted and coordinated action is directed to mitigate patient safety risks. Leaders escalate new and existing risks to healthcare commissioners and regulators. Staff are supported and empowered to proactively identify risks, hazards, and improvements.

#### 6. Be transparent and accountable

Leaders create a culture where there is honest, respectful, and open dialogue and where candour is the default position. This work enables a continuous improvement cycle and ensures that patients and staff do not face avoidable harm due to a cover up culture.

## **7. Use information and data to drive improved care and outcomes for patients and help others to do the same**

Leaders use and provide information and data of all types to drive their work, from all sources available to them. They should ensure that good quality data captures and meets the needs of all patients, including those from underrepresented groups. All staff are supported to pass on information relevant to the improvement of patient care. Best practice should be shared widely.

### **About you**

1. In what capacity are you responding to this consultation?
  - As a member of the public
  - On behalf of an organisation
  - As an individual who works in health and/or social care

#### **On behalf of an organisation**

2. Where are you based in the UK?
  - England
  - Scotland
  - Wales
  - Northern Ireland
  - I am based outside of the UK

#### **England/UK**

### **Responding on behalf of an organisation**

1. What is the name of your organisation?

#### **Nursing and Midwifery Council**

2. Please tell us what type of organisation you work for (choose all that apply)
  - Central government
  - An arm's-length body
  - NHS provider
  - Other NHS body
  - Independent sector healthcare provider
  - A social care provider
  - Local authority
  - Charity

- Royal College
- Trade union or professional body representing staff
- University or academia
- Other

### Other – Professional regulator

Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. As the independent regulator of more than 808,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to **regulate**. First, we promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects a tiny minority of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

### Principle one: Create a culture of safety

Leaders have a responsibility to lead by example to inspire a just and learning culture of patient safety and quality improvement. They set out to keep people safe, supporting continuity of care, and foster a culture of compassion, listening and restorative practice.

3. To what extent do you agree or disagree with the first principle?
- Strongly disagree
  - Disagree
  - Neither agree or disagree
  - Agree
  - Strongly agree
  - Don't know

You can provide a brief explanation if desired (optional) Up to 250 words

Agree.

Leaders set the tone of organisational culture. Their behaviour, communication, attitudes and actions become a model for employees to follow. We know from the findings of several inquiries into major failings in care that poor leadership and governance is often a key contributing factor to patient safety concerns. For example, the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust (the Ockenden Review) found that a poor workforce culture, characterised by a lack of psychological safety, particularly between midwifery and obstetric staff, was a cause for delays in escalation and a failure to work collaboratively across disciplines. As a result, mothers and babies experienced poor outcomes, including sepsis, brain injury and death. It also found “the Trust board did not have oversight or a full understanding of these issues and concerns within the service” and could therefore not set a strategic direction for effective change, or develop accountable implementation plans. A constantly changing leadership team meant it “failed to foster a positive environment to support and encourage service improvement at all levels”.

We think the principle should be clearer that leaders have a broader role to engage, motivate, inspire and empower everyone they lead. They also have a key role in encouraging and ensuring effective multidisciplinary team working founded on cooperation, respect, and clear and effective communication. The principle could also be expanded to include leaders’ role in cultivating a culture of curiosity and open communication which are important to improving safe patient care.

### **Principle two: Put patients at the heart of everything**

Leaders put the patient at the heart of all the work that they do, with patient partnerships the default position at all levels of the organisation. They consider the needs of patients, working collaboratively with them to identify risks, and deliver person centred care. Leaders ensure that the patient voice is central to fully informed consent and shared decision making.

4. To what extent do you agree or disagree with the second principle?

- Strongly disagree
- Disagree
- Neither agree or disagree
- Agree
- Strongly agree
- Don't know

You can provide a brief explanation if desired (optional) Up to 250 words

Strongly agree

Putting patients at the heart of everything and the importance of listening to people, have come up in multiple reviews and inquiries. Our standards and Code reflect the need for nursing and midwifery professionals to prioritise people, to treat them as individuals and to uphold their dignity while listening and responding to their preferences and concerns. Putting the interests of people using or needing nursing or midwifery services first is a requirement of the [NMC Code](#) (standard 25.1). We expect our professionals to treat people with kindness, respect and compassion; both the people

they care for as well as their interdisciplinary and multiagency teams and colleagues in all settings.

Our [Standards of proficiency for registered nurses](#) define person-centred as an approach where the person is at the centre of the decision making processes and the design of their care needs, their nursing care and treatment plan. Being person-centred is therefore about:

- putting the person and, where appropriate, their family and carers at the centre of decision making processes, the assessment of their needs and planning care
- listening to people who use health and care services and their families, and acting on what they say in a meaningful way.
- understanding what matters to people receiving care and ensuring that their needs, views and preferences guide clinical decisions.
- actively seeking and encouraging their feedback.

We think there should be greater emphasis on these points in this principle to strengthen it.

### Principle three: Treat people as equals

Patients are treated with fairness, respect, equality, and dignity. Leaders incorporate the views of all, and proactively seek and capture meaningful feedback from patients, families, and staff. Feedback is acted on, to embed equality of voice.

5. To what extent do you agree or disagree with the third principle?

- Strongly disagree
- Disagree
- Neither agree or disagree
- Agree
- Strongly agree
- Don't know

You can provide a brief explanation if desired (optional) Up to 250 words

Agree.

We agree that all people needing or receiving care should receive effective, person-centred care that meets their needs. They should be treated fairly, with dignity and with respect, in a way that takes into account their specific needs and background.

This principle could clarify that patients should receive equal and fair treatment that takes into account their protected characteristic(s) or socioeconomic status. Seeking feedback and factoring that into improvements are key steps to ensuring that organisations and healthcare professionals deliver equitable care; however, there are other ways of achieving this that are not reflected in the principle.

Leaders need to create an environment free from discrimination and fear, so that professionals can focus on doing their jobs effectively without also having to deal with unfair treatment and outcomes. They also need to understand the circumstances in which adverse events take place and identify what can be done to prevent them from happening again.

The principles could include the role leaders have in ensuring employees have equal access and opportunity to learn and develop and advance their careers.

Leaders have a role in ensuring that the people employed within their organisation have the knowledge, attitudes, and skills to provide culturally appropriate, respectful and compassionate care to people from different background and beliefs. Leaders and staff (regulated and un-regulated) have a responsibility to also use their voice, influence and expertise to recognise and challenge the structural and systemic factors that create and sustain health inequities.

#### **Principle four: Identify and act on inequalities**

Health inequalities, and the drivers of health inequalities, are identified and acted upon at every stage of healthcare design and delivery.

6. To what extent do you agree or disagree with the fourth principle?

- Strongly disagree
- Disagree
- Neither agree or disagree
- Agree
- Strongly agree
- Don't know

You can provide a brief explanation if desired (optional) Up to 250 words

Strongly agree

We agree that all processes of care should have quality improvement and reduction of health inequalities built into them. Our standards require nursing and midwifery professionals to provide and promote non-discriminatory care, to understand poverty, social and health inequalities, and how to work to mitigate them through good nursing and midwifery care.

It's important that professionals take into account of a person's unique circumstances when providing care, and that includes being aware of health inequalities. For example, professionals working in maternity should know about the disparities for Black and Asian service users and therefore be extra vigilant in their care. Professionals working with people with learning disabilities should understand the risks about diagnostic overshadowing and how it can lead to unnecessary early deaths, and so to make sure they're really listening and using alternative communication methods if required with these patients to ensure the right issues are picked up.

## Principle five: Identify and mitigate risks

Targeted and coordinated action is directed to mitigate patient safety risks. Leaders escalate new and existing risks to healthcare commissioners and regulators. Staff are supported and empowered to proactively identify risks, hazards, and improvements.

7. To what extent do you agree or disagree with the fifth principle?

- Strongly disagree
- Disagree
- Neither agree or disagree
- Agree
- Strongly agree
- Don't know

You can provide a brief explanation if desired (optional) Up to 250 words

Agree.

We think there should be more emphasis on risk identification, escalation and management at all levels. Greater clarity is needed around the types of risks, which regulator they should be escalated to and when. We note that the principle, as drafted, could imply that leaders escalate most or all risk to any regulator, however, in some instances this may not be appropriate.

As a professional regulator, our statutory power to conduct investigations is limited to serious concerns about an individual nurse, midwifery or nursing associate's fitness to practise which could place people at risk, or negatively impact public confidence in the nursing and midwifery professionals. It's outside our remit to monitor, inspect and regulate services that provide health and social care.

In our experience employers are closer to the sources of risk to people receiving care and members of the public, and better able to recognise and manage them. We are further away from the sources of harm, and have a more limited range of options to prevent it. In many instances, it would be appropriate for employers to act first to deal with concerns about a nurse, midwifery or nursing associate's practice. We only need to become involved if the nursing or midwifery professional poses a risk of harm to people receiving care or the public that the employer is unable to manage effectively. We've set out [information](#) for employer on managing concerns about someone's practice.

## Principle six: Be transparent and accountable

Leaders create a culture where there is honest, respectful, and open dialogue and where candour is the default position. This work enables a continuous improvement cycle and ensures that patients and staff do not face avoidable harm due to a cover up culture.

8. To what extent do you agree or disagree with the sixth principle?

- Strongly disagree

- Disagree
- Neither agree or disagree
- Agree
- Strongly agree
- Don't know

You can provide a brief explanation if desired (optional) Up to 250 words

Strongly agree.

Nursing and midwifery professionals have a professional duty of candour to be open and honest in relation to the care they provide and if things go wrong. We have joint [guidance](#) with the General Medical Council on the duty of candour for healthcare professionals. It focuses not only on the duty to be open and honest with patients but also on the need to be open and honest within organisations in reporting adverse incidents or near misses that may have led to harm.

Nursing and midwifery professionals have a professional duty to report any concerns (which includes whistleblowing) from their workplace which put the safety of people in their care at risk. We have [guidance](#) for nurses, midwives and nursing associates on raising concerns. Promoting an open work environment in which staff are accountable and encouraged to raise concerns about the safety of people in their care will help identify and prevent more problems, and will protect the public.

Leaders have a role in ensuring there are appropriate policies, policies and structure in place for staff to effectively report, escalate and manage concerns and to protect them from any adverse ramifications for doing so.

**Principle seven: Use information and data to drive improved care and outcomes for patients and help others to do the same**

Leaders use and provide information and data of all types to drive their work, from all sources available to them. They should ensure that good quality data captures and meets the needs of all patients, including those from underrepresented groups. All staff are supported to pass on information relevant to the improvement of patient care. Best practice should be shared widely.

9. To what extent do you agree or disagree with the seventh principle?
- Strongly disagree
  - Disagree
  - Neither agree or disagree
  - Agree
  - Strongly agree
  - Don't know

You can provide a brief explanation if desired (optional) Up to 250 words

Agree.



Our register offers unique insight about our professions, while our data from fitness to practise, when combined with other intelligence, can highlight safety and other issues. The NMC is committed to making data more available to others to help support better workforce planning, wider system improvement and greater transparency. We [publish reports](#) on equality, diversity and inclusion (EDI), fitness to practise, and registration which provide the latest insight from our register. We also share intelligence from our work and collaborate with partners to address mutual concerns.

Our Code and standards require nurses, midwives and nursing associates to practise in line with the best available evidence and to use, share and apply research findings and lessons from data and reports to promote and inform good practice and policy.

## Importance

12. Which of these principles do you consider to be of the highest importance? (optional)

If more than one principle is of high importance to you, please choose all that apply

- Principle one: Create a culture of safety
- Principle two: Put patients at the heart of everything
- Principle three: Treat people as equals
- Principle four: Identify and act on inequalities
- Principle five: Identify and mitigate risks
- Principle six: Be transparent and accountable
- Principle seven: Use information and data to drive improved care and outcomes for patients and help others to do the same

All apply.

## Additional areas

13. Do you wish to highlight any other areas not covered by the draft principles that you think should be included in our final version? (optional) Up to 250 words

We have no further comments to make for this question.

## Usefulness

Overall, how useful do you think **these Principles** will be as a guide for senior leaders?

Please indicate to what extent you agree or disagree with the following statements:

14. The principles will be useful when taking strategic decisions.

- Strongly disagree
- Disagree
- Neither agree or disagree

- Agree
- Strongly agree
- Don't know

Agree.

15. The principles will be useful when designing services

- Strongly disagree
- Disagree
- Neither agree or disagree
- Agree
- Strongly agree
- Don't know

Agree.

16. The principles will be useful when making individual decisions about patient care.

- Strongly disagree
- Disagree
- Neither agree or disagree
- Agree
- Strongly agree
- Don't know

Neither agree or disagree.

17. The principles will be useful when responding to a concern from a patient.

- Strongly disagree
- Disagree
- Neither agree or disagree
- Agree
- Strongly agree
- Don't know

Neither agree or disagree.

18. The principles will be useful after an adverse event.

- Strongly disagree
- Disagree
- Neither agree or disagree
- Agree
- Strongly agree
- Don't know

Don't know.

19. The principles will be useful in supporting staff development.

- Strongly disagree
- Disagree
- Neither agree or disagree
- Agree
- Strongly agree
- Don't know

Agree.

20. If you wish to explain any of your answers above, please do so here (optional) Up to 400 words

We think the principles seem appropriate and potentially useful, however, what will make the difference is more information on how the principles will be applied and upheld in practice.

The principles could be more explicit that leadership is a skill that everyone, regardless of their role or level of seniority, should demonstrate in order to uphold these principles. For there to be a true culture of safety, leaders and managers should be encouraging all professionals, including support workers and those who are newly registered, to demonstrate and develop their leadership capabilities throughout their careers.

The principles could include the role of collective leadership in which all staff take responsibility for patient safety and are accountable. Additionally, there should be greater emphasis on the importance of systems leadership and leaders' ability to promote collaboration across teams, departments and organisations.

## Additional comments

21. If you wish to include any comments, please do so here (optional) up to 250 words

We note that many aspects of the draft principles are already expectations of nursing and midwifery professionals, from the point they join our register, and when they are students on NMC approved education programmes. Quality improvement and patient safety is a part of everyone's workday and responsibilities. It is important that organisations and leaders support nursing and midwifery professionals to uphold the requirements of the Code, which includes the professional duty to put the interests of the people in their care first and to act to protect them if they consider they may be at risk. Professional standards are important reference points for all regulated professionals, and therefore it's important that the principle of better patient safety align with professional standards for health and social care.

Leaders have a responsibility to make sure appropriate system for raising concerns are in place, that concerns are taken seriously and are acted upon, and staff who raise concerns are supported and protected from unjustified criticism or actions.

We hope you find our comments helpful. Please feel free to contact us if we can help any further.