

# Quality Improvement News

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**June 1<sup>st</sup> – 14<sup>th</sup> 2023**

## **[Three year delivery plan for maternity and neonatal care technical guidance - Uploaded 1<sup>st</sup> June 2023](#)**

NHS England 31st May 2023

The Three-Year Delivery Plan for Maternity and Neonatal care includes Determining Success Measures that will be used to monitor outcomes and progress in achieving key objectives on the plan. This technical guidance provides details on the construction of each outcome and progress measure so that LMNS and ICBs are clear on how progress will be measured.

[Three year delivery plan for maternity and neonatal care technical guidance](#)

## **[New workplace standards for menopause and menstruation support are launched - Uploaded 1<sup>st</sup> June 2023](#)**

BSI – 1st June 2023

Over the last few years in the United Kingdom, menstrual and menopausal health has been increasingly discussed in parliament, in the mainstream media, and on social media. This visibility of menopause and menstruation has already led to changes on a political level. These changes have included the provision of free menstrual products in schools, the appointment of England's first-ever Menopause Employment Champion, and the launch of the Women's Health Strategy. Recent discussions have highlighted the need for workplaces to improve how they support employees experiencing menstruation and menopause transition. Nevertheless, only a minority of UK workplaces have implemented specific policies that address menstrual and menopausal health and wellbeing. Although

menstruation and peri/menopause are natural bodily processes, some women, and other gender minorities (such as transgender men and nonbinary people) may need support and adjustments to ensure that they are able to attend work, effectively carry out their role, and benefit fully from workplace initiatives. The creation of this British Standard on menstrual and menopausal health is therefore a timely, vital, and ground-breaking step towards gender equality in the workplace.

Read the standard – [Menstruation, menstrual health and menopause in the workplace](#) – Guide – BS 30416:2023

Background Research from the Fawcett Society – [Menopause and the Workplace](#)

### **Nursing and midwifery national job profile review – Evidence report - Uploaded 5<sup>th</sup> June 2023**

NHS Staff Council — Job Evaluation Group – May 2023

Following a request by the Royal College of Nursing (RCN) and the Royal College of Midwives (RCM), the NHS Staff Council’s Job Evaluation Group undertook a review of the national job profiles for nursing and midwifery. The aim of this review is to ensure that these profiles reflect current nursing and midwifery practice and are fit for purpose in all health and care settings. This report is the output from the evidence-gathering stage of the review project.

Read the Report – [Nursing and midwifery national job profile review – Evidence report](#) –

### **Assuring the credibility of health information sources on social media platforms - Uploaded 5<sup>th</sup> June 2023**

Academy of Medical Royal Colleges – May 2023

Social media content is a major and valuable source of health information for millions of people. It is vitally important that any information and advice which could impact on an individual’s health and healthcare is accurate. Therefore, providing the public with some form of assurance on the quality and provenance of that health information is an important task. It is unrealistic and not necessarily even desirable to seek to monitor every piece of health information on social media. However, we believe it is possible to devise a system to provide the public with guidance as to the credibility of the sources and providers of health information.

Read the Report – [Assuring the credibility of health information sources on social media platforms](#)

### **Taking stock: the experience of medicines optimisation in ICSs – Uploaded 5<sup>th</sup> June 2023**

NHS Confederation – June 2023

This stocktake highlights insights from medicines optimisation forums on the experience of ICS medicines optimisation so far: the opportunities that exist, the barriers experienced, the support that is needed, and what the vision for medicines optimisation could achieve.

#### Key points

Delivering on ICSs' four core purposes. Medicines are the most common healthcare intervention, the most common cause of avoidable harm to patients and the second highest area of NHS spending after staffing. Optimising medicines usage plays a significant role across all four of the ICS priorities: improving population health and healthcare; tackling unequal outcomes and access; enhancing productivity and value for money; and helping the NHS to support broader social and economic development. A strategic role for medicines optimisation in systems – looking across patient pathways from prevention to diagnosis and social prescribing – could unlock significant opportunities to go further and faster in achieving these core aims.

Governance. Since 1 July 2022, statutory ICBs and wider ICSs have been building new governance arrangements to achieve this vision, albeit they are at different stages. Many have recruited directors of medicines optimisation or chief pharmacists and established new medicines boards tying together medicines leadership in different sectors. While building new governance arrangements to adapt to the new statutory structures is crucial to enabling change, it is not an end itself and inevitably this transitional work has consumed time and effort.

Building one team. Building one medicines team – beyond pharmacy teams – requires all parts of the system to work together at a local level, including across the NHS, private providers, social care and the voluntary sector. However, substantial workforce vacancies, exacerbated by competition within systems for the same staff, and a lack of development opportunities to retain, inspire and develop the medicines workforce of tomorrow, are a significant challenge.

Digitising medicines. ICBs are uniquely placed to build a system view of how medicines are prescribed and used and their impact on patient outcomes. There are exciting opportunities for improved digital technology, data sharing and common access to enhance understanding population health, where inequalities in use and access exist, and how to address them.

Progress made, but much more to do. ICSs have made progress with the 'systemisation' of medicines optimisation. While this stocktake sets out examples where appropriate governance structures have been created, new pharmacy career pathways developed and new data tools deployed, much of the transformation opportunity still lies ahead. Progress could be accelerated by:

- using system leadership to 'mainstream' medicines optimisation in pathway redesign
- ensuring appropriate governance is in place and supports greater focus on transformation
- developing pharmacy workforce plans alongside building awareness of medicines optimisation in wider disciplines
- harnessing digital and data to share medicines records and establish a baseline for improvement
- sharing learning between systems to drive self-improvement.

Further information – [Taking stock: the experience of medicines optimisation in ICSs](#)

## [How can mental healthcare services meet the needs of people from ethnically diverse groups?](#) - Uploaded 5<sup>th</sup> June 2023

NIHR – 1st June 2023

In the UK, people from diverse ethnic minority groups have poorer access to, experiences with, and outcomes from mental healthcare services, compared to White British people. A large review of the evidence explored how these ethnic inequalities are created and sustained in mental healthcare.

The authors call for culturally informed approaches to mental health assessment and treatment. Approaches need to recognise and respond to the everyday realities of people from diverse ethnic minority groups, including racism.

The review included 66 studies on ethnic minority groups' and mental health professionals' perceptions and experiences of mental health services. The studies explored barriers to accessing services, as well as experiences and outcomes. The researchers assessed how ethnic inequalities in mental healthcare are created and sustained, and how they could be overcome.

The review found that mental healthcare services often did not consider how racism, migration stress, and complex trauma affect mental health. Mental health professionals described barriers to providing person-centred care such as a lack of time, discomfort when talking about race and spirituality, and fear of calling out racist practice when it was witnessed. The researchers call for more personalised care, and consideration of the complex interplay between social and economic circumstances, and systemic racism.

More than half of the studies analysed were published before 2013. Mental healthcare services may have become more aware of these issues since then. However, existing research indicates that there has been little progress in tackling ethnic inequalities over the past 50 years. This may be because of systemic racism and an overly 'medical' culture that prioritises diagnosis and drug treatments.

Further information – [How can mental healthcare services meet the needs of people from ethnically diverse groups?](#)

This Alerts is based on: Bansal N, and others. [Understanding ethnic inequalities in mental healthcare in the UK: A meta-ethnography](#). PLOS Medicine 2022; 19: e1004139.

## [Impact of the COVID-19 pandemic on vascular surgery in the UK \(NVR\) - Uploaded 8<sup>th</sup> June 2023](#)

HQIP – June 2023

The National Vascular Registry (NVR) has published a report on the Impact of the COVID-19 pandemic on vascular surgery in the UK, presenting key findings from NVR data throughout 2020 and 2021. NVR previously reported on data as at 25 September 2020, which showed that a concomitant COVID-19 infection in patients undergoing vascular surgical procedures significantly increased the risk of respiratory complications and mortality. Here, they update this analysis, using data through to the end of 2021, and explore whether the COVID-19 vaccination programme provided protection to patients against this life-threatening complication.

Further information – [Impact of the COVID-19 pandemic on vascular surgery in the UK \(NVR\)](#)

### **The Inbetweeners – a review of the transition from CYP into adult health services - Uploaded 8<sup>th</sup> June 2023**

HQIP – June 2023

The Child Health Clinical Outcome Review Programme has published The Inbetweeners, a review of the barriers and facilitators in the process of the transition of children and young people with complex chronic health conditions into adult health services. Based on data on children and young people with one of 12 complex conditions identified from a sample period between 1st October 2019 and 31st March 2021, it concludes that there is no clear pathway for the transition from healthcare services for children and young people to adult healthcare services.

The report finds that the process of transition and subsequent transfer is often fragmented, both within and across specialties, and that adult services often sit only with primary care. As such, it states that developmentally appropriate healthcare should be everyone's responsibility, with adequate resources needed to allow this to happen.

Read the Report – [The Inbetweeners – a review of the transition from CYP into adult health services](#)

### **Retaining doctors in late stage career guidance - Uploaded 8<sup>th</sup> June 2023**

NHS England – 7th June 2023

We have launched this guidance, and a supporting infographic, to support the retention of doctors in late stage career in collaboration with the Academy of Medical Royal Colleges.

The guidance provides ten recommendations for systems and employers to consider when supporting doctors in late career, working in secondary care settings, to stay and stay well in the NHS. The recommendations are aligned to the [NHS people promise](#) and include holding retirement conversations, supporting flexible working and health and wellbeing.

[Retaining doctors in late stage career guidance](#)

### **NHS 111's response to callers with Covid-19-related symptoms during the pandemic - Uploaded 8<sup>th</sup> June 2023**

HSIB – 8th June 2023

The purpose of this investigation is to support improvements in the delivery of NHS 111 and other telephone triage services during a national healthcare emergency. The investigation uses real patient safety incidents involving Patients and their families who dialled NHS 111 (and were either managed through NHS 111 or the Covid-19 Response Service [CRS]) for advice during the Covid-19 pandemic. These are referred to as 'reference events' and support examination of the national issues.

The four reference events used in this report occurred in the early months (March–June 2020) of the pandemic, but the report also highlights learnings and developments from later in the pandemic.

Read the Report – [NHS 111's response to callers with Covid-19-related symptoms during the pandemic](#)

### **Clinical radiology workforce census 2022 - Uploaded 9<sup>th</sup> June 2023**

The Royal College of Radiologists 2023

This survey secured a 100 per cent response rate, with every single cancer centre head and clinical director of radiology departments responding. The report demonstrates the scale of workforce shortages in diagnostic and cancer departments across the country and the devastating impact on cancer patients. It is published alongside the [oncology workforce census results](#)

Read the Report – [Clinical Radiology Workforce Census](#)

### **Kidney disease: a UK public health emergency – the health economics of kidney disease to 2033 - Uploaded 9<sup>th</sup> June 2023**

Kidney Research UK 2023

This report looks at the growing costs of kidney disease, both in treating patients and in money lost to the economy by people being left unable to work due to time-consuming and gruelling treatment. It finds that kidney disease is costing the UK economy £7 billion a year, costs that could rise to £13.9 billion in just 10 years. It contains projections that the NHS could see capacity for dialysis treatment overwhelmed unless the disease becomes a government priority.

Read the Report – [Kidney disease: A UK public health emergency](#)

### **Recommendations for specialists practising ultrasound independently of radiology departments: safety, governance and education - Uploaded 9<sup>th</sup> June 2023**

The Royal College of Radiologists – 2023

This guidance has been produced jointly by The British Medical Ultrasound Society and The Royal College of Radiologists. It offers a framework for clinical ultrasound practice, primarily aimed at ultrasound practitioners not working under the umbrella of a radiology department.

Good governance is essential for the safety of the patient and protection of the practitioner. This document is intended to be used as a checklist for novice users, a reference source for experienced users and a good practice guide for radiology departments collaborating with point of care ultrasound (POCUS) practitioners.

The guidance has been endorsed by the Chartered Society of Physiotherapy and the Society of Radiographers and is supported by the British Society for Rheumatology.

Read the guidance – [Recommendations for specialists practising ultrasound independently of radiology departments: safety, governance and education](#)

### **NHS EDI improvement plan Uploaded 9<sup>th</sup> June 2023**

NHS England – 8th June -2023

This improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

It has been co-produced through engagement with staff networks and senior leaders.

[NHS EDI improvement plan](#)

### **We must invest more in NHS volunteering to reap the benefits for patients, staff and the volunteers - Uploaded 9<sup>th</sup> June 2023**

NHS England – 9th June 2023

Volunteers have always been part of the NHS but the pandemic saw many more people come forward to help out. The NHS Volunteering Taskforce was set up to explore how we might encourage more people to stay involved by boosting opportunities for volunteering and making it quicker and easier to sign up. It points the way for us to release untapped potential to support with current challenges – but to achieve this the NHS must raise the status of its volunteering programmes.

We are very grateful to the charity, civil service and NHS leaders who lent us their time to inform the report, as well as the NHS staff and volunteers who shared their ideas.

It is important to say, up front, that volunteers are not a substitute for paid staff but they can give time and emotional support to patients who need it. Many of the patients we surveyed, for example, said they did not have friends, family or neighbours they could call on to help out. They appreciated extra human contact and a helping hand from a volunteer, whether that was to help them get to or from a GP clinic or hospital or make a stay in a ward shorter and more comfortable.

Today we welcome the [taskforce's recommendations](#), which set the agenda for volunteering in the NHS for the next three years. And we are pleased to provide our response as well as confirmation of further investment.

The taskforce said the NHS should invest more in volunteering infrastructure to make it easier for people to step forward. We learned from the pandemic that in some areas this infrastructure is less well developed, which can limit the potential of volunteering. This is a challenge that integrated care systems are considering, and to help with this we are announcing a new £10 million investment in NHS volunteering. We are still considering how to maximise the impact of these funds and will have more to say in the coming weeks.

In addition, the taskforce said that we need to ensure we're involving all of our communities in volunteering opportunities. We agree, and we're committing to improving data about the number and demographics of our volunteers. This will help us better appreciate their



enormous contribution as well as the beneficial impact that can be achieved for volunteers themselves, in their own health and wellbeing and potentially their future careers.

Furthermore, the taskforce recommended that the experience of signing up as a volunteer should be easier. At present, in most areas people have to find each volunteering opportunity independently, as there is no one location to view all the opportunities on offer. We acknowledge this and are working on a national volunteering portal which should make it much easier to research and sign up to be a volunteer.

Further information – [We must invest more in NHS volunteering to reap the benefits for patients, staff and the volunteers](#)

[NHS Volunteering Taskforce – report and recommendations](#)

### **Developing your NHS staff network - Uploaded 9<sup>th</sup> June 2023**

NHS England – 12th June

To help reduce inequalities and support our staff, the [NHS People Plan](#) and the [NHS Equality, Diversity, and Inclusion Improvement Plan](#) recognise staff networks as vital: driving meaningful change and creating organisational cultures where everyone feels they belong.

This toolkit includes useful guidance and resources to help develop your staff networks across the NHS.

Further information – [Developing your NHS staff network](#)

### **Service specification: paediatric photon radiotherapy services - Uploaded 13<sup>th</sup> June 2023**

NHS England – 13th June 2023

This service specification relates to children, including adolescents, aged 0 to 15 years up to their 16th birthday who are within the commissioning responsibility of NHS England and who require treatment with external beam radiotherapy (radical, palliative or total body irradiation (TBI)).

[Service specification: paediatric photon radiotherapy services](#)

### **One-stop-shop for AI and digital regulations for health and social care launched - Uploaded 9<sup>th</sup> June 2023**

NICE – 12th June 2023

A new online advice service to help the NHS and wider care system adopt and make use of new digital and artificial intelligence (AI) technologies has launched today.

The [AI and Digital Regulations Service](#) provides guidance for NHS and social care adopters and digital health innovators.

The service offers:



a website providing centralised, curated and up-to-date regulatory content for both developers and adopters of AI and data-driven technologies; and

access to specialist support for both developers and adopters from the service partners.

The service is a multi-agency collaboration between the National Institute for Health and Care Excellence, the Care Quality Commission, the Health Research Authority and the Medicines and Healthcare products Regulatory Agency and is funded by the NHS AI Lab.

By collating information from all 4 organisations in one place, the site provides comprehensive guidance at each stage of the adoption pathway. The service can also respond to individual enquiries, making connections with relevant services or system partners.

Further information – [One-stop-shop for AI and digital regulations for health and social care launched](#)

[Understanding regulations of AI and digital technology in health and social care](#)

### **One-stop lung cancer clinic - Uploaded 13<sup>th</sup> June 2023**

NHS Confederation – June 2023

King George Hospital introduced new equipment in the urology department that led to reduced elective backlog for patients with kidney stones, reduced the need for more invasive procedures, and enables both planned and emergency care.

Case Study – [One-stop lung cancer clinic](#)

### **Lithotripsy machine used to reduce urology elective waiting lists - Uploaded 13<sup>th</sup> June 2023**

NHS Confederation – June 2023

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Case Study – [Lithotripsy machine used to reduce urology elective waiting lists](#)

### **Strengthening the role of the ambulance sector in reducing health inequalities - Uploaded 13<sup>th</sup> June 2023**

Association of Ambulance Chief Executives (AACE) – June 2023

This consensus statement (agreed by major health organisations including NHS England (NHSE), the Office for Health Improvement and Disparities (OHID), the College of Paramedics (CoP), NHSE Workforce, Training and Education (NHSE-WTE, formerly Health Education England), NHS Providers (NHSP) and NHS Confederation (NHSC), which hosts the Integrated Care Systems (ICS) Leaders Network) underlines common goals and objectives in a concerted attempt to balance the playing field for all service users and overcome the challenges of health and social care inequality. It will ultimately result in

ambulance services playing a key role in their ICSs' objectives to reduce local health inequalities.

Read the Report – [Strengthening the role of the ambulance sector in reducing health inequalities](#)