

QUALITY IMPROVEMENT NEWS

4 SEPTEMBER, 2023 | TRFT LIBRARY & KNOWLEDGE SERVICE

Quality Improvement News



Welcome to the **Quality Improvement** online newsfeed. Here you'll find all the latest research, news stories, policy updates and guidelines for all things QI. View our other newsfeeds for more subject-specific news.

NHS England - August 2023

This report sets out the wide-ranging support received through the national consultation on the proposed new standards for cancer care, and highlights some of the key considerations raised to support their successful implementation. It also sets out the final policy recommendations, and the next steps required by both the NHS and government to implement them.

Read the Report - Cancer waiting times review - Models of care and measurement: consultation response

NHS Confederation - August 2023

The NHS Confederation wanted to better understand the way voluntary, community and social enterprise (VCSE) organisations are working with provider collaboratives. The aim of the project, commissioned by NHS England, was to gather insight, elicit learning and share examples of collaboration in action. This was explored at an online learning event hosted by Lord Victor Adebowale, Chair of the NHS Confederation, in partnership with NHS England and independent consultant Jessie Cunnett, and forms the basis of this report.

Read the Report - Exploring and understanding the VCSE sector in provider collaboratives

GMC - August 2023

This guidance was published 22 August 2023.

This guidance will come into effect on 30 January 2024.

You can find the latest version of all our professional standards at

www.gmc-uk.org/guidance.

Zero tolerance of sexual harassment, including clear definitions of what constitutes it and an expectation that doctors who see such behaviour will act, will be included for the first time in new professional standards issued by the General Medical Council (GMC). The regulator has today published an update of *Good medical practice*, which details the principles, values and standards expected of doctors working in the UK. It is the first major update to the guidance in ten years.

Sexual harassment of colleagues is covered explicitly for the first time. The guidance says doctors 'must not act in a sexual way towards colleagues with the effect or purpose of causing offence, embarrassment, humiliation or distress'.

The standards make clear this includes verbal or written comments and displaying or sharing images, as well as physical contact.

This adds to existing guidance that doctors must not act in a sexual way towards patients or use their professional position to 'pursue a sexual or improper emotional relationship'.

For the first time the guidance also sets out what doctors should do if they witness bullying or harassment.

Read the Standard - Good medical practice 2024

Health Foundation - 23rd August 2023

Our 2022 annual report shares highlights from our recent work and looks at our plans for 2023. It also presents financial statements for 2022.

We live in challenging times, with the health and care system facing unprecedented pressures and deep health inequalities between our richest and poorest communities. The Health Foundation, with its mission to build a healthier UK, is in a position to help.

In 2022, we continued to organise work in five strategic priority areas. Within each we made contributions through: research and analysis; grants for new centres; large programmes and projects on the ground; building capacity through supporting fellowships and networks, and using influence as investors via our endowment to make change. At the end of 2022, we launched our new strategy covering 2023-25 - an evolution that aims to strengthen the valuable knowledge, reputation and trust we've built over recent years.

Our annual report presents key our achievements by strategy area, including our work to improve the Foundation through equity, diversity and inclusion, environmental sustainability and public participation. We then set out our plans for 2023 and share our financial review and statements.

Read the Report – 2022 annual report and financial statements

Short version – 2022 annual report and financial statements

Care Opinion Scotland – August 2023

The theme this year is ‘**Branching out and putting down roots – More stories, more staff listening, more learning and change**’. This theme reflects the remarkable engagement we have seen throughout Scotland. Like a growing tree that takes up space, reaches to the sky and with roots permeating the earth, we have seen the use of Care Opinion by the public and staff increase across NHS Boards becoming embedded in practice and culture.

Across Scotland during this period, we saw a 37% increase in stories on Care Opinion from the public about NHS Scotland services as compared to the previous year. In total, 6,455 stories were shared, these stories received 7,977 responses, they have been read more than 955K times, and 73% of these stories were completely positive. We are also pleased to see that there are now more than 3,460 staff members reading and responding to stories across Scotland, marking a 12% increase from the previous year.

In addition to the detailed information above, this annual review also includes:

- An introduction and overview from our Executive Director & Head of Scotland and our CEO.
- An article about how Care Opinion is supporting the practice of Realistic Medicine across Scotland.
- Information on some of the most read Scottish stories of the year.
- An article highlighting the significance of author responses to staff and services on Care Opinion.
- Three articles from Health Boards sharing their Care Opinion journeys throughout 2022–23.
- A word from each of our Care Opinion Scotland team members.
- A timeline highlighting the ‘Journey of Growth’ for Care Opinion over the past five years.
- And of course, overviews of story numbers, response rates, criticality of stories told, subscription member counts, story reads, and response rates for each Health Board in Scotland.

Read the Report – Annual Review of stories told on Care Opinion about NHS Scotland services in 2022–23

National Voices – August 2023

To mark the publication of the government’s ‘case for change’ on how the country approaches the management of major conditions, we have laid out eight requirements the Major Conditions Strategy must meet to ensure it is successfully developed and implemented.

National Voices sits on the Department of Health and Social Care’s Major Conditions Strategy External Advisory Group to ensure the needs of patients are central to discussions. To date, this group has successfully influenced the strategy to ensure it takes a life course approach (includes children and young people within its scope). We have also successfully encouraged the DHSC to draw on the existing evidence base previously gathered from communities and the Voluntary Community and Social Enterprise

sector on mental health, cancer and dementia.

To assist the government in the next stage of development, we are urging it to adopt the eight requirements the coalition believes the strategy must meet if it is to be successful.

These are:

1. Feel real to people and communities
2. Show how funding and resourcing will meet demands
3. Improve people’s experience of accessing care
4. Take a broad view of prevention
5. Tackle health inequalities
6. Make people feel empowered
7. Cover people’s differing needs at different stages of their life
8. Place patient experience at the centre of success measurements

Read the Report – National Voices on the Major Conditions Strategy

Human Tissue Authority – 22nd August 2023

The Human Tissue Authority’s annual report and accounts includes:

- information about performance
- annual governance statement
- financial statements

Human Tissue Authority annual report and accounts: 2022 to 2023 (web accessible)

HSIB – 24th August 2023

Our latest national report brings together the findings of three interim reports, published over the last 15 months, focusing on the harm caused by delays in handing over care from ambulances to emergency departments

Our latest national report brings together the findings of three interim reports, published over the last 15 months, focusing on the harm caused by delays in handing over care from ambulances to emergency departments.

The three reports looked at different areas; the systems in place to manage patients into, through and out of hospital, gaps in accountability for patient safety between ambulances, hospital, and social care systems and the impact of staff wellbeing impacts patient safety.

- Interim report calls for immediate action to reduce harm to patients from handover delays (June 2022)
- ‘Air gap’ between health and social care contributions to handover delays and harm (November 2022)
- Interim report explores impact of the if staff wellbeing on patient safety (February 2023)

The national report summarises the findings and recommendations already contained in the three interim reports and provides an update since they were published. This includes.

- Eight additional national investigation findings (summarised on page 7)
- An observation from the second interim report has now been escalated to a safety recommendation to the Department for Health and Social Care. When it is received, the response to that recommendation will be added to those already identified in the three interim reports.
- Detail and analysis of the patient case which underpinned the national investigation and illustrated the safety risks of delays in handing over care from the ambulance service to EDs. The patient, Kim, was cared for in the back of an ambulance for 163 minutes before being directly admitted to the ICU as the emergency department could not care for her as it was full (Kim's case is set out in detail on pages 13-16).

Read the Report - Harm caused by delays in transferring patients to the right place of care

NHS Confederation - 23rd August 2023

Key points

- Economic growth remains a central plank of the government's reform agenda, featuring as one of the Prime Minister's top five priorities. In the run up to the 2022 Autumn Statement, the NHS Confederation and Carnall Farrar (CF) modelled the first national attempt at quantifying the positive relationship between increasing NHS spending, health outcomes and economic activity. Our analysis, detailed in From Safety Net to Springboard, revealed that every pound invested in the NHS results in around £4 back to the economy through increased gross value added (GVA). This economic growth includes gains in productivity, as improved health outcomes make individuals more productive within the economy, and increased employment, both directly and indirectly.
- In this follow-up report, we delve deeper into this investment, examining local variations in NHS spend and identifying which of a range of care settings can deliver the most economic output when their funding is increased, including acute, primary, community and mental health care. This differentiation is increasingly important, with the Hewitt review making clear that 'health value' is a core part of embedding long-term strategic change and the shift to prevention.
- CF's analysis, conducted in early 2023, found a statistically significant association between NHS spending increases and GVA growth. While the data does not allow us to definitely conclude healthcare spending is the cause, we are confident in our conclusions. The analysis reveals four headline findings:
 - 1) Changes in primary, community and acute spend in England were associated with significant growth in economic GVA between 2015 and 2019. Those areas that increased NHS spend by the most experienced far higher GVA growth than those that increased spend by the least.
 - 2) If funding patterns among areas that increased spending the least had matched those that increased spending the most, every additional £1 spent on primary or community care could have increased economic output by £14, were a

direct relationship assumed. Higher increases in acute care had lower but still significant impact, with every additional £1 spent potentially increasing GVA by an extra £11.

- 3) Increasing spending in line with those high increase areas could have delivered average benefits of a higher GVA for a typical-sized integrated care system of £1.7 billion from the primary care spend, £1.2 billion from the community care spend and £1.1 billion from the acute care spend. This is a significant economic impact, which some places in England have missed out on.
- 4) On the assumption that the tax burden and distribution of public spending remain similar to today, we estimate that if those areas that increased spending the least had invested an additional £1 billion in community, primary or acute care, the additional economic growth created would have returned more than this amount back into the national NHS budget, thus paying for itself.
- Our hypothesis is that mental health spend will have a similarly high return on investment, but the lack of reliable data hinders our ability to prove this. Absence of evidence is not evidence of absence and improving mental health data should be a nationally prioritised area of urgent focus.
- What is clear is the impressive levels of return on investment that can be derived from investing in this range of services. Indeed, the levels of associated health value are such that we strongly believe the case is proven for further and more focused NHS investment, rather than disinvesting in any one given area.
- Based on our findings, we believe additional investment should primarily be focused on non-acute care to have the greatest impact on GVA. The increased return on investment for these particular settings of care reflects the high level of interactions they have with the local economy: improving population health, supporting people to remain in work, improving local infrastructure and providing good jobs in every part of the country. Both the scale of investment as well as its distribution across care settings matter.
- We make a series of recommendations in this report - for national government, for NHS England and for ICS and NHS leaders. Collectively these recommendations can help equip leaders with the necessary focus, information and evidence base to make challenging decisions about how to allocate their resources, making significant strides in evolving to a more preventative system.

Read the report - Creating better health value: understanding the economic impact of NHS spending by care setting

NHS Race and Health Observatory - August 2023

REACH-OUT is a long-term study that examines the lasting impacts of Covid-19 on health care workers (HCWS) from diverse ethnic backgrounds in the UK. By interviewing the same cohort of people over several years, the study aims to estimate the prevalence of long Covid on health care workers, and understand its impact on their health, their work, and their life more generally. Every six months, an update report will be released to highlight progress and identify any emerging learning for the health care system. This latest report - the 2nd update - includes an exploration of global research about long Covid and outlines

some implications for health and care policy.

Read the Report - Caring for the healthcare workforce post
Covid-19
