



Summary of National Documents

November 2017

Rising pressure: the NHS workforce challenge

The Health Foundation | November 1st

New report highlights that national policy and planning for the NHS Workforce in England is not fit for purpose. Also reports high staff turnover, and a fall in the number of trainee nurses.

This report from the Health Foundation analyses the profile and trends of the NHS workforce, in particular focusing on the impact of the removal of the NHS bursary on student nurse numbers and staff retention. The report highlights that national policy and planning for the NHS workforce in England is not fit for purpose, reinstating the need for a sustained and nationally focused approach to workforce policy and planning.

Full report: [Rising pressure: the NHS workforce challenge](#)

Lifting the NHS pay cap

Dromey J. and Stirling A. | Lifting the cap: the fiscal and economic impact of lifting the NHS pay cap | The Institute for Public Policy Research | November 1st

This briefing examines the impact of two alternative scenarios for NHS pay over the next two years: increasing pay in line with the Consumer Price Index inflation, and a 'catch-up' rate of increasing NHS pay in line with private sector earnings plus one per cent.

The report recommends the following:

- The UK government should lift the NHS pay cap. It should revise its guidance to the NHS Pay Review Body and ensure its independence and integrity going forward, by making clear that it will accept their recommendations for pay. This should include accepting significant real terms increases in pay for NHS workers in order to reverse some of the real-terms decline seen since 2010/11, as well as differential uprating to boost pay most for areas of the NHS facing particular challenges with recruitment and retention, and for those on lower pay scales.
- Government should provide additional funding at the Autumn Budget to cover this additional expenditure, rather than requiring NHS trusts and boards to meet the cost from already over-stretched budgets.



- In the light of the potential impact of Brexit, government should develop a national NHS Workforce Strategy, in conjunction with NHS Employers and the NHS

Full document: [Lifting the cap: the fiscal and economic impact of lifting the NHS pay cap.](#)

Reducing delayed transfers of care over winter

Flow in providers of community health services: good practice guidance | NHS Improvement | November 3rd

NHS Improvement has written to the chief executives of all trusts providing community services setting out actions they must implement to reduce delayed transfers of care over winter.

NHS Improvement chief executive Jim Mackey has said trusts must help improve delayed discharges over winter and listed six actions they need to carry out in the next six months:

1. Facilitate the sharing of patient data with acute and social care partners and from 7 November ensure daily situation reports are completed “to enable better understanding of community services at a national level”.
2. Jointly assess discharge pathways with local partners including “being an active participant in the local acute provider’s discharge and hosting operational discussions daily where necessary to discharge patients in community settings”.
3. Develop “discharges hubs” over the next six months and beyond, designed to be a single point of access for patients moving between acute and community services.
4. Ensure a “robust patient choice policy” is implemented.
5. Clarify to partner organisations what services the trust offers to patients.
6. Ensure collection of patient flow data and data on plans to improve patient flow.

Full detail is given by NHS Improvement who have produced the following report to help improve flow into and out of community health services:

[Flow in providers of community health services: good practice guidance](#)

Related HSJ article: [Trust chiefs given new instructions to tackle winter DTOCs](#)



Investigation: WannaCry cyber-attack and the NHS

National Audit Office | 27th October

This report outlines the findings of an investigation into the impact of the WannaCry ransomware attack on the NHS and its patients; why some parts of the NHS were affected; and how the Department of Health and NHS national bodies responded to the attack. It finds that the Department of Health was warned about the risks of cyberattacks a year prior to the WannaCry attack and that all organisations infected by WannaCry shared the same vulnerability and could have taken relatively simple action to protect themselves.

- [Report](#)
- [Summary](#)
- [Press release](#)

NHS pressures – future trends

British Medical Association | October 30th

The BMA has warned that unless urgent action is taken, millions more patients will be waiting for longer than 4-hours for treatment in A&E, and there will be dramatic rises in number of people waiting on trolleys for treatment, or at home for non-emergency elective procedures.

Over the next 12 months, the BMA projections show that there will be:

- 23.8m attendances at A&E (an increase of 345,000 from the last 12 months).
- 2.95m people waiting over 4 hours at A&E (an increase of 370,000).
- A decrease of 1.3% in the performance against the four-hour wait, which will average 87.6%.
- 6m emergency admissions (an increase of 148,000).
- 815,000 trolley waits (an increase of 250,000).
- An average of 4.28m people waiting for treatment every month (an increase of 360,000).
- The average proportion of patients treated within 18 weeks will fall to 89.2%, down from 90.1%.

Their analysis also shows that by between October 2019 and September 2020 there will be:

- 24.5m A&E attendances (an increase of 1.1m from the last 12 months).



- More than a million more patients waiting more than four hours (3.7m patients up from 2.6m). This equates to an average of 84.8 percent of patients being seen within four hours, down from 89 percent.
- 6.4m emergency admissions in total by October 2020 (up from 5.9m).
- 1.8m trolley waits (up from 600,000).
- An average of 5.1m patients on the elective treatment waiting list (up from 3.9m).

Full detail at [British Medical Association](#)

NHS Counter Fraud Authority launched

Counter Fraud Authority | November 3rd

The NHS Counter Fraud Authority (NHSCFA) launched this month, with a mission to lead the fight against fraud affecting the NHS and wider health service, and protect vital resources intended for patient care.

NHSCFA's work starts with a focus on five areas:

It will:

1. be the single expert, intelligence-led organisation providing a centralised investigation capacity for complex economic crime matters in the NHS
2. support the Department of Health's strategy for tackling fraudulent activity affecting the NHS
3. be the body leading and influencing the improvement of standards in counter fraud work across the NHS
4. take the lead in and encourage fraud reporting across the NHS and wider health group
5. continue to develop the expertise of staff working for the NHSCFA

Full story at [Counter Fraud Authority](#)



Improving healthcare access for people with learning disabilities

Public Health England | October 27th

This suite of guidance outlines how social care staff can help people with learning disabilities get better access to medical services. It provides practical tips as well as links to further information and useful resources.

- [Guidance](#)

Moving more, ageing well

Ukactive | 29th October

This report highlights the need for innovative solutions for keeping older people active and independent that could save billions of pounds in NHS and social care costs by preventing disease. It recommends that teaching health and social care professionals such as pharmacists and Meals on Wheels staff to deliver exercise interventions could be key to curtailing the UK's growing ageing crisis.

- [Report](#)
- [Press release](#)

The Autumn Budget: Joint statement on health and social care

Health Foundation | The King's Fund | The Nuffield Trust | November 8th

Analysis from the Health Foundation, The King's Fund and the Nuffield Trust suggests the government must find at least £4 billion more for the NHS in the Budget to stop patient care deteriorating next year.

The briefing calls on the government to recognise the immediate funding pressures facing the sector in 2018/19, which will see NHS funding growth fall to its lowest level in this parliament.

The publication also urges the government to act to close the growing funding gaps facing the health and care system, which it says are now having a clear impact on access to care.

The report calls for a credible medium-term strategy to better match the resources for the health and care service with the demands it faces, and proposes a new independent body to be established to identify the long-term health care needs of the population and the staffing and funding required to meet these needs.



Full briefing: [The Autumn Budget: Joint statement on health and social care](#)

Related press release from [The Health Foundation](#)

2017/18 data security and protection requirements

Department of Health | 30th October

This document sets out what all health and care organisations will be expected to do to demonstrate that they are putting into practice the ten data security standards recommended by the National Data Guardian.

- [Guidance](#)
- [DH publications](#)

How is the NHS performing?

The Kings Fund | November 3rd

Analysis for the Kings Fund latest Quarterly Monitoring Report suggests that the NHS is heading into winter on a knife edge with performance worse than at this time last year against a number of key indicators:

- 89.7 per cent of A&E patients were seen within four hours in September compared to 90.6 per cent of patients in September last year.
- 89.4 per cent of patients waiting for treatment in August had been waiting up to 18 weeks for treatment in August, compared to 90.9 per cent in August last year. This is missing the target of 92 per cent. There are now 4.1 million people waiting for treatment, the highest number since 2007.
- Emergency admissions are three per cent higher in September compared to the same time last year.

The report also shows that NHS finances remain precarious. Less than half of NHS trusts (45 per cent) expect to meet their financial targets this year, while commissioners are being forced to make tough decisions to reduce spending such as making people wait longer for planned treatment.

Trust finance directors also report widespread problems attracting nursing staff. The main reasons for this are the shortage in staff being trained; morale and work-life balance; and pay restraint.

Full report: [The Kings Fund Quarterly Monitoring Report November 2017](#)



International GP recruitment programme: application process guidance for commissioners

This guidance document outlines the agreed approach for delivering the international GP recruitment programme. It also details the process that should be followed by areas wishing to apply for funding to deliver international recruitment schemes.

- [Guidance](#)

The NMC register: 30 September 2017

Nursing and Midwifery Council | November 2nd

Data published by the Nursing and Midwifery Council (NMC) shows there continues to be an increase in the number of nurses and midwives leaving its register over the last 12 months.

Overall, the number of nurses and midwives on the register has started to drop for the first time in a decade:

- There were just under 690,000 nurses and midwives registered to work in the UK in September – over 1,600 less than there were the year before
- The register showed just over 36,200 EU nurses and midwives – over 2,700 less than a year before
- Over the last 12 months the number of UK graduates leaving the profession has increased by 9%
- The number of nurses and midwives from Europe leaving the register has also increased by 67%
- The number joining the register from the EU has dropped from 10,178 last year to 1,107 this year, a decrease of 89%

The NMC Register can be viewed [here](#)

Related: [EU nurses 'turning their backs on UK'](#) | BBC News



STPs: destined to fail or the road to better care? The hospital doctors' view

Hospital Consultants and Specialists Association | October 2017

Research by the Hospital Consultants & Specialists Association, the only professional association and trade union dedicated solely to hospital doctors, reveals overwhelming scepticism among medical staff, and a near total absence of the clinical scrutiny required to ensure patient care is protected.

- 95 per cent felt they had not been consulted nor had sufficient involvement in the process
- 77 per cent believe that STPs are a measure to introduce cuts to the NHS
- 62 per cent expect STPs to have a “negative impact” on the delivery of care to patients
- [Press release](#)
- [Report](#)

The efficacy of public health spending

TaxPayers' Alliance | November 1st

This briefing examines the spending on, access to and cost-effectiveness of four areas of public health spending in the UK: smoking, physical health, obesity and alcohol.

- [Report](#)
- [Summary](#)

There for us: A better future for the NHS workforce

NHS Providers | November 8th

This NHS Providers report highlights that there are no domestic “quick fixes” to the severe workforce shortages in the NHS, and that any significant reduction in the number of overseas staff in the next few years is likely to have a serious and damaging impact on services for the public.

The report focuses on the response from the Department of Health and its arms-length bodies to the NHS's growing workforce challenges.

Full report at [NHS Providers](#)



Embedding a culture of quality improvement

Kings Fund | November 10th

Establishing quality improvement approaches which actually work has much to do with suitable leadership and organisational culture, according to a new King's Fund report.

This report explores the factors that have helped organisations to launch a quality improvement strategy and sustain a focus on quality improvement. It identifies three common themes for successfully launching a quality improvement strategy: having a clear rationale; ensuring staff are ready for change; understanding the implications for the organisation's leadership team in terms of style and role.

The report finds that NHS leaders play a key role in creating the right conditions for quality improvement. Leaders need to engage with staff, empower frontline teams to develop solutions, and ensure that there is an appropriate infrastructure in place to support staff and spread learning.

- [Full report](#)
- [Executive summary](#)

Using mobile app technology to reduce agency spend

NHS Employers | November 10th

This case study describes how Chelsea and Westminster Hospital NHS Foundation Trust has significantly reduced their agency spend by developing an app which allows locums to easily self-roster. LocumTap has increased bank use from 30 to 70 per cent, is saving the trust approximately £40,000 a month for junior doctor shifts alone and is improving morale, recruitment and retention.

View the full case study [here](#)

Health and wellbeing as part of the reward offer

NHS Employers | November 10th

Northumbria Healthcare NHS Foundation Trust has taken positive action to support the health and wellbeing of its staff through its reward offer.

This [case study](#) looks at the importance of communicating the entire reward offer to potential and existing staff, how the approach had been embedded in HR processes and the targeted approach to health and wellbeing.



As a result, there has been a positive impact in what staff think about the trust and there has been a reduction in short-term absence.

Staff 'be the change' for quality improvement

NHS Employers | November 10th

[Case study](#) looking at Ashford and St Peter's Hospitals NHS Foundation Trust's approach to quality improvement.

Part of the series focusing on staff involvement for quality improvement, the case study looks at how Ashford and St Peter's has used innovative staff involvement techniques to help all staff improve quality of patient care. Beginning as an initiative solely for medical staff engagement, it has now been adopted across the organisation.

A two-way street: what can CCGs teach us about accountability in STPs?

The Nuffield Trust | November 16th

This report explores the accountability and performance management arrangements for CCGs and looks at the implications of STPs and accountable care systems for these.

The NHS has developed systems to hold both providers and commissioners of NHS services to account. These have arguably become more complex with the introduction of 44 sustainability and transformation partnerships (STPs). This report from the Nuffield Trust draws on analysis and insights from the current system, and explores the challenges and opportunities presented by STPs for accountability in the NHS. It is based on 13 interviews with senior CCG leaders and NHS England policy makers which took place in September 2016.

The report also explores how commissioners and providers respond to different approaches to accountability and performance management. The report then considers the implications of this learning for the future development of STPs, accountable care organisations and accountable care systems.

Full report: [A two-way street: what can CCGs teach us about accountability in STPs?](#)

Related Nuffield Trust blog: [Staying accountable: NHS leadership in hard times](#)



Does hospital competition improve efficiency?

The Centre for Health Economics | November 16th

This report examines whether the introduction of patient choice of hospital has resulted in greater efficiency by stimulating hospital competition. The results show that competition has had mixed effects on efficiency. Greater competition encourages hospitals to increase efficiency by increasing admissions per bed and proportion of day cases, and by reducing the proportion of untouched meals. However, hospitals appear less efficient in terms of cancelled elective operations.

Full report: [Does Hospital Competition Improve Efficiency? The Effect of the Patient Choice Reform in England](#)

NHS Employers: Flexible working

NHS Employers | November 23rd

The UK workforce is more diverse than ever and demands for flexible working arrangements are on the increase. Flexible working is part of good employment practice and these top tips from NHS Employers have been designed to help maximise arrangements in your organisation.

Document available [here](#)

Autumn Budget 2017: NHS spending

HM Treasury | November 22nd

The Autumn Budget 2017 included £6.3 billion of new funding for the NHS in England, including £2.8 billion over the next three years for day-to-day services and £3.5 billion of capital investment by 2022/23. This document sets out the background to NHS spending and details of the government's policy.

- [Briefing](#)
- [More information](#)

Related:

- Autumn Budget: [Kings Fund response](#)
- [What does the Autumn Budget mean for the NHS and social care?](#)
Experts from The King's Fund, the Nuffield Trust and the Health Foundation have come together for a Q&A hosted by the BMJ to answer questions on the Budget announcement.



Public Health England: evaluations and recommendations

Public Health England | November 21st

This document is the final report of the International Association of National Public Health Institutes peer review of Public Health England. It looks at Public Health England's progress as an organisation, with both commendations and recommendations for future work.

- [Report](#)

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