



# Summary of National Documents

October 2017

## Making the case for quality improvement: lessons for NHS boards and leaders

*The King's Fund | The Health Foundation | October 12th*

This briefing outlines the following ten lessons for NHS leaders which provide a starting point for those seeking to embed quality improvement in their work:

- Make quality improvement a leadership priority for boards.
- Share responsibility for quality improvement with leaders at all levels.
- Don't look for magic bullets or quick fixes.
- Develop the skills and capabilities for improvement.
- Have a consistent and coherent approach to quality improvement.
- Use data effectively.
- Focus on relationships and culture.
- Enable and support frontline staff to engage in quality improvement.
- Involve patients, service users and carers.
- Work as a system.

The briefing makes the case for quality improvement to be at the heart of local plans for redesigning NHS services.

Full report available [here](#)

## New care models: harnessing technology

*NHS Confederation | September 27<sup>th</sup>*

This report explores how five vanguards are implementing innovative digital technology solutions. It suggests that the starting point for the introduction of any new technology should always be from the perspective of the end user and that end-users should always be involved in the co-production of technological solutions.



- [Case study: East and North Hertfordshire](#)
- [case study: Better together mid Nottinghamshire](#)
- [case study: Better care together Morecambe bay](#)
- [case study: East Midlands radiology consortium](#)
- [Case study: Salford together](#)

Full report: [New care models: harnessing technology](#)

Additional link: [NHS Confederation press release](#)

## Standards for general practice nurses

*General Practice Nurse Standards: voluntary standards for education and practice | The Queen's Nursing Institute | September 27th*

The Queen's Nursing Institute has launched [General Practice Nurse Standards: voluntary standards for education and practice](#). The standards have been designed to reflect the requirements of this role, working in new models of care and to reflect the rapid changes in the primary care environment.

Download: [QNI/QNIS GPN Voluntary Standards Project Information](#)

## A systems approach to health and care design

*Engineering better care: a systems approach to health and care design and continuous improvement  
The Royal Academy of Engineering | Academy of Medical Sciences | The Royal College of Physicians  
September 28<sup>th</sup>*

This report explores how an engineering approach could be applied in health and social care to develop systems that meet the needs of patients, carers and NHS staff. It presents a framework to support ongoing work in service design and improvement in health and care. It found that more widespread application of a rigorous systems approach to health and care improvement, has the potential to have a transformative effect on health and care.

Full document: [Engineering better care: a systems approach to health and care design and continuous improvement.](#)



## NHS hospital bed numbers: past, present, future

*The Kings Fund | September 29<sup>th</sup>*

A study from The Kings Fund has found that bed numbers – including general and acute, mental illness, learning disability, maternity and day-only beds – have dropped from 299,000 to 142,000 since 1987. Hospitals in England now have the least number of beds for their population compared with any other country in the European Union, with just 2.3 per 1,000 people.

The report explains that this decline is in part due to factors such as an increase in care being delivered outside hospitals. It also highlights the impact of medical innovation including an increase in day-case surgery, which has also had an impact by reducing the time that many patients spend in hospital.

The report however warns that there are signs of a growing shortage of beds. In 2016/17, overnight general and acute bed occupancy averaged 90.3 per cent, and regularly exceeded 95 per cent in winter, well above the level many consider safe. The authors state that in this context, proposals put forward in some sustainability and transformation plans to deliver significant reductions in the number of beds are unrealistic.

Full report: [NHS hospital bed numbers: past, present, future](#)

## Safe and Effective Staffing: Nursing Against the Odds

*Royal College of Nursing | September 29<sup>th</sup>*

The Royal College of Nursing (RCN) has published a report, [Safe and Effective Staffing: Nursing Against the Odds](#) which shows the results of a recent staff survey. The survey, carried out in May 2017 reveals more than half (55%) say shifts did not have the level of nurses planned, and that shortages were compromising patient care (53%).

Nursing staff in all four UK countries were asked about staffing levels on their most recent shift and the quality of care provided. More than a third (36%) report having to leave elements of patient care undone due to a lack of time, while two thirds (65%) work an unpaid extra hour on average.

Seven in 10 nurses (71%) in England said their last daytime shift exceeded NICE guidelines, which states that more than eight patients to one nurse should act as a 'red flag'. A quarter (26%) reported shifts with 14 or more patients per nurse.

The respondents also reported that:

- patients are no longer afforded enough dignity, even dying alone;



- colleagues have burned out and have become sick themselves, unable to come to work;
- staff leave work “sobbing” at the impact of shortages on patient care;
- many question their future in nursing and contemplate leaving the profession;
- they struggle to give their children and families enough support after shifts that can exceed 12 hours.

Full report: [Safe and Effective Staffing: Nursing Against the Odds](#)

Royal College of Nursing: [Urgent action needed to tackle staffing crisis](#)

Related:

- Nuffield Trust: [Comment on the Royal College of Nursing’s ‘Safe and Effective Staffing’ report](#)
- BBC News: [NHS staff shortages ‘mean patients dying alone’ in hospitals](#)

## Reconfiguration of NHS services

*The House of Commons Library | October 12<sup>th</sup>*

This document summarises recent policy developments and trends, the involvement of the public and local authorities in the reconfiguration process, and the major drivers of change.

Full document available [here](#)

## Sustainability and transformation partnerships: developing robust governance arrangements.

*Healthcare Financial Management Association | October 12<sup>th</sup>*

This document examines governance arrangements within Sustainability and Transformation Partnerships, accountable care systems and new models of care. It includes a diagnostic tool which can help highlight where robust arrangements are already in place and where more work is required.

Full document available [here](#)



## Public health: everyone's business?

*NHS Providers | October 26<sup>th</sup>*

This report uses interviews with health leaders from a range of trusts and other parts of the service to help gain a better understanding of NHS providers' role in shaping and delivering public health and care.

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

## CQC State of Care report

*Care Quality Commission | October 13th*

State of Care is the Care Quality Commission's annual assessment of health and social care in England. The report looks at the trends, highlights examples of good and outstanding care, and identifies factors that maintain high-quality care.

This year's [report](#) shows that the quality of care has been maintained despite a number of challenges. Most people are receiving good, safe care and many services that were previously rated inadequate have made the necessary changes and improved.

The CQC stress that the fact that quality has been maintained in the face of a number of challenges is testament to the hard work and dedication of staff and leaders. However, as the system continues to struggle with increasingly complex demand, access and cost, future quality is precarious.

The report makes the following points:

- Health and care services are at full stretch
- Care providers are under pressure and staff resilience is not inexhaustible
- The quality of care across England is mostly good
- Quality has improved overall, but there is too much variation and some services have deteriorated
- To put people first, there must be more local collaboration and joined-up care

Full report: [State of Care 2016/17](#)

See also [Health Foundation response to CQC State of Care Report](#)



## Care Quality Commission regulating health and social care

*The National Audit Office | October 13<sup>th</sup>*

The report found that the Commission has completed its inspection and rating programme comprising more than 28,000 provider locations, which provides a benchmark of the quality of health and social care services. It has significantly reduced staff vacancies and is increasing its focus on cost savings. In addition, the Commission has improved how it measures its performance, and takes action to correct poor performance.

The report found that the Commission can secure further improvement, if it continues its current direction of travel. Its main challenge now is to develop its digital systems and capabilities to support its move to a more intelligence driven and risk based approach to regulation.

- [Care Quality Commission regulating health and social care – Full Report](#)
- [Care Quality Commission regulating health and social care – Summary](#)

## Accountable care: policy fad or step forward on the journey towards integrated care?

*Nicola Walsh | The Kings Fund | October 16<sup>th</sup>*

Accountable care is under discussion almost everywhere in the NHS. Groups of NHS providers (sometimes with the local commissioner) are exploring how they can work more closely together to take on the responsibility for the health and care of a given population within a given budget. Currently, we are seeing emerging accountable care arrangements adopting various forms according to local needs and preferences: in some areas the focus is on creating a single organisation; in others, organisations are keen to use the words ‘system’ or ‘partnership’ – to reinforce the notion of working together.

In this [Kings Fund blog](#), Nicola Walsh looks in more detail at Accountable Care Systems and partnerships.

## What do the numbers say about emergency readmissions to hospital?

*Healthwatch | October 26<sup>th</sup>*

This briefing analyses emergency readmissions data from hospital trusts across England from the past five years. It aims to help hospital trusts' boards, managers and clinicians identify risk and learn from occasions when things have gone wrong.



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

## ‘Data revolution’ crucial to transformation

*NHS Confederation | October 25<sup>th</sup>*

The NHS Confederation has launched [a new series of guides](#) to help board members to better understand data across the healthcare system and its role in transforming care.

Produced in association with healthcare intelligence provider [CHKS](#), the guides for non-executive directors (NEDs) aim to kick start a ‘data revolution’ by looking at how data can be used to drive improvement, provide effective oversight and support the transformation of care. The first guide is aimed at NEDs in acute care, and examines activity in both primary and secondary care settings and considers the role of data sharing in bringing about efficiency savings.

Full document: [The non-executive director’s guide to NHS data. Part one: Hospital activity, data sets and performance](#)

## Integrating physical and mental health care

*The Kings Fund | October 25<sup>th</sup>*

This article provides an overview of The King’s Fund ‘Integrating physical and mental health care learning network’ and how it helps translate a policy ambition to new models of care. It looks at the following questions:

- Who comes to the network and how does it work?
- What are the main challenges network members have in integrating physical and mental health care?
- How has the network helped them to deal with these challenges?
- What areas are people in the network focusing on to develop new models of care that integrate physical and mental health?

[Find out more about the Integrating physical and mental health care learning network](#)



## Thriving at Work: a review of mental health and employers

*Lord Dennis Stevenson and Paul Farmer | Department for Work and Pensions and Department of Health | October 26<sup>th</sup>*

Thriving at Work sets out what employers can do to better support all employees, including those with mental health problems to remain in and thrive through work.

The report includes a detailed analysis that explores the significant cost of poor mental health to UK businesses and the economy as a whole. It puts the annual cost to the UK economy of poor mental health at up to £99bn, of which £33bn – £42bn is borne by employers.

The review quantifies how investing in supporting mental health at work is good for business and productivity. The most important recommendation is that all employers, regardless of size or industry, should adopt 6 ‘mental health core standards’ that lay basic foundations for an approach to workplace mental health:

- Produce, implement and communicate a mental health at work plan
- Develop mental health awareness among employees
- Encourage open conversations about mental health and the support available when employees are struggling
- Provide employees with good working conditions and ensure they have a healthy work life balance and opportunities for development
- Promote effective people management through line managers and supervisors
- Routinely monitor employee mental health and wellbeing

The report also highlights examples of good practice such as the mental health first aid courses at Thames Water and, at Aviva, the promotion of e-learning modules to help identify and self-identify when people need support.

Full report: [Thriving at Work: a review of mental health and employers](#)

Related:

- [Mental health sees 300,000 people leave their jobs each year](#) | BBC
- [Mental health problems are forcing thousands in UK out of work](#) | The Guardian
- [Supporting workplaces to be mentally healthy](#) | Mind



## RightCare pathway: stroke

*NHS RightCare | October 26<sup>th</sup>*

This pathway defines the key interlocking components for an optimal system for prevention and management of stroke and the higher value interventions that systems should focus on to address variation, improve outcomes, reduce cost and contribute toward a sustainable NHS.

Full detail available [here](#)

## Personalised health and care 2020: patient, carers and service user vision

*National Information Board | October 19<sup>th</sup>*

This paper outlines how the government and national health and care organisations aim to use information technology within current programmes to improve health and social care services in England.

Full report available [here](#)

## Towards an effective NHS payment system: eight principles

*Health Foundation | NHS Providers | 24<sup>th</sup> October*

This report, written in partnership with NHS Providers, sets out eight principles for a future payment system, primarily arguing that clarity of purpose is required to refocus the system's many objectives. It suggests that now is the ideal time to review the system, with vanguards and STPs already changing the way that care is delivered, while a two-year fixed payment by results tariff offers space for reform.

- [Full report](#)
- [Press release](#)

## Performance tracker: autumn 2017

*Institute for Government | October 17<sup>th</sup>*

The Government is spending over £10bn in five years just to keep troubled services – such as hospitals and prisons – going, according to a new report. Yet this extra money is not sorting out any of the underlying problems these services face.



[Performance Tracker](#), published by the Institute for Government and the Chartered Institute of Public Finance and Accountancy (CIPFA), looks at one hundred data sets across nine key public services and finds government is being forced into poor and reactionary spending decisions, instead of getting ahead of problems before they become crises.

Key findings from the report include:

- Hospitals and prisons are spending more, with no sign of improvement in key pressure points.
- Schools and adult social care have had emergency cash injections, but there is no clear plan for what happens when this extra money runs out.
- GP numbers are not rising despite the Government's plans to improve the service.
- UK Visas and Immigration managed the initial post-referendum surge in demand, but a much greater task lies ahead.
- Government does not have enough data to manage the risks around vital neighbourhood services, like bin collection and road maintenance.

[Report](#)

[Press release](#)

## Reward as part of an effective recruitment strategy

*NHS Employers | October 20<sup>th</sup>*

This case study highlights how Northern Devon Healthcare NHS Trust used reward, within a clear recruitment strategy, to attract employees, increase applications for roles, and reduce agency spend and nursing vacancies.

[Case study](#)

## How does the NHS in England work?

*The Kings Fund | October 20<sup>th</sup>*

The Kings Fund has produced a new animation, [‘How does the NHS in England work? An alternative guide’](#)

Related Kings Fund blog: [How does the NHS work? A never-ending story](#)



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