

# Quality Improvement News

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## August 1<sup>st</sup> - 15<sup>th</sup> 2023

### **National medicines optimisation opportunities 2023/24 – Uploaded 1<sup>st</sup> August 2023**

NHS England – 31st July 2023

This guidance describes the 16 national medicines optimisation opportunities for the NHS in 2023/24, and signposts to resources to help with their implementation. We recommend Integrated Care Boards (ICBs) choose at least five medicines optimisation opportunities to focus and deliver on alongside their local medicines optimisation priorities. Progress against chosen opportunities will be reviewed using available data.

[National medicines optimisation opportunities 2023/24](#)

### **How do the public and NHS staff feel about virtual wards? - Uploaded 1<sup>st</sup> August 2023**

Health Foundation – 29th July 2023

Key points

NHS England's Delivery plan for recovering urgent and emergency services commits to an expansion of virtual wards (also known as 'hospital at home'), and there are similar commitments in Scotland, Wales and Northern Ireland. In March 2023, the Health Foundation commissioned a survey of 7,100 nationally representative members of the public (aged 16 years and older) and 1,251 NHS staff members to explore what people think about virtual wards and what factors will be important for making sure they work well.

The UK public is, overall, supportive of virtual wards (by 45% to 36%). But this support is finely balanced – with a further 19% unsure whether they are supportive or not. So there is further to go in raising awareness and in understanding and addressing the public's concerns as this model of care is developed.

Support for virtual wards is higher among disabled people and those with a carer – groups that typically have greater health needs and who might therefore be expected to be more intensive users of virtual wards.

Those in socioeconomic groups D and E are on balance unsupportive of virtual wards, so it will be important to understand and address needs and concerns here. Notably, survey respondents in these socioeconomic groups who said that they would not want to be treated through a virtual ward were also more likely to say that their home would not be suitable for a virtual ward compared with those in other socioeconomic groups.

Nearly three-quarters of the UK public (71%) are open to being treated through a virtual ward under the right circumstances, while 27% said they would not be – suggesting that, if implemented well, virtual wards should be acceptable to a large majority of service users.

Interestingly, a higher proportion of the public, 78%, told us that they would be happy 'to monitor their own health at home using technologies, instead of in a hospital' – describing a scenario often seen as part of a broader virtual ward service, but avoiding the term 'virtual ward' – with only 13% saying they would not. This raises the question of whether using different terminology or providing more explanation could help alleviate concerns and build wider support.

NHS staff in our survey were, on balance, clearly supportive of virtual wards (by 63% to 31%). When asked what will matter for making sure virtual wards work well, their top two factors were the ability to admit people to hospital quickly if their condition changes, and the ability for people to talk to a health professional if they need help.

Further information – [How do the public and NHS staff feel about virtual wards?](#)

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Further information – [How do the public and NHS staff feel about virtual wards?](#)

### **SPS Medication Safety Update July 2023: Recent critical patient safety alerts, reports, and publications - Uploaded 1<sup>st</sup> August 2023**

Specialist Pharmacy Service – July 2023

Latest observatory of recent safe medication practice research, reports, and publications, including regulator and statutory body activity, SPC changes or manufacturer risk minimisation materials, drug shortages & discontinuations, national guidance, and SPS output.

Further information – [SPS Medication Safety Update July 2023](#)

### **Strengthening the role of the ambulance sector in reducing health inequalities: national consensus statement and next steps - Uploaded 1<sup>st</sup> August 2023**

Association of Ambulance Chief Executives, June 2023

The consensus statement and next steps set out a shared commitment to strengthening the role that everyone working in the ambulance sector can play in reducing health inequalities.

It underlines common goals and objectives across partners in a concerted attempt to balance the playing field for all service users and overcome the challenges of health and social care inequality.

[Strengthening the role of the ambulance sector in reducing health inequalities: national consensus statement and next steps](#)

**[Transfer of care – challenges that have inhibited widespread adoption of the e-discharge - Uploaded 1<sup>st</sup> August 2023](#)**

Professional Record Standards Body – April 2023

The information record standard for e-discharge ([DAPB 4042](#)) was first published in 2015. Despite significant investment in programme initiatives on transfers of care (e-discharge plus outpatient letters and discharge from emergency departments and mental health inpatient units) since publication, the widespread adoption and achievement of the anticipated benefits of standardised discharge summaries across the system remains disappointingly low. This review identified the challenges that have inhibited widespread adoption of the e-discharge and delivery of the anticipated benefits.

Read the Report – [Transfer of care](#)

**[The government’s response to the Adult Social Care Committee report A “gloriously ordinary life”: spotlight on adult social care - Uploaded 1<sup>st</sup> August 2023](#)**

Department of Health and Social Care – July 2023

This is the government’s formal response to the House of Lords Adult Social Care Committee report, [A “gloriously ordinary life”: spotlight on adult social care](#), published on 8 December 2022.

Read the Report – [The government’s response to the Adult Social Care Committee report](#)

Background – [A “gloriously ordinary life”: spotlight on adult social care](#)

**[Transformative, not tokenistic: the patient voice in integrated care systems - Uploaded 1<sup>st</sup> August 2023](#)**

NHS Confederation – July 2023

This long read explores how the patient voice can be embedded into system working in a meaningful and transformative way.

Long Read – [Transformative, not tokenistic: the patient voice in integrated care systems](#)

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### **National Cancer Patient Experience Survey (NCPES) - Uploaded 1<sup>st</sup> August 2023**

(NCPES) – July 2023

The National Cancer Patient Experience Survey 2022 was the twelfth iteration of the survey first undertaken in 2010. It has been designed to monitor national progress on experience of cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

The questionnaire was reviewed in 2021 to reflect changes to cancer services and commitments to cancer care as detailed in the NHS Long Term Plan which is available at <http://www.longtermplan.nhs.uk/online-version/>.

Read the Report – [National Cancer Patient Experience Survey](#) – 2022

[Download the NHS Long Term Plan](#)

### **RCR Clinical Oncology Workforce Census 2022 - Uploaded 1<sup>st</sup> August 2023**

RCR – June 2023

This is the 15th annual RCR clinical oncology census report – presenting a comprehensive picture of the clinical oncology workforce as it stood in October 2022. Once again, we have secured a 100% response rate, enabling us to speak decisively about the state of the oncology workforce across the UK.

Key findings from this year's clinical oncology workforce census include:

Patient care has been notably impacted by shortages in the clinical oncology workforce. In almost all UK cancer centres (97%), patients' treatment was delayed because of staff shortages. In 1 in 2 cancer centres, delays were happening in most months or every month.

The UK has a 15% shortfall of clinical oncologists – 175 additional doctors are needed to deliver safe and effective patient care. By 2027, it is projected that the shortfall will rise to 25%.

Across the UK, there is a 7% vacancy rate of clinical oncologists. 54% of these vacancies have been open for over a year.

Inevitably, health systems are having to rely on costly alternatives. The proportion of locum staff in the clinical oncology workforce has risen from 4% to 8% over the past two years.

There are concerning inequalities in access to cancer specialists. In London, there are 10.2 oncologists (medical and clinical) per 100,000 older people, compared to just 3.1 in North and West Wales.

Shortages in the cancer workforce are the major barrier to meeting national cancer ambitions and achieving world-class cancer outcomes. There are simply not enough doctors to see the volume of patients needed. Furthermore, staff do not have the headspace to consider service improvement, health inequalities are widening, and increasing pressure is leading to an exodus of staff – either voluntarily or due to stress and burnout.

There are no quick fixes for the cancer workforce crisis, but several avenues do exist for the government and health services in each of the four nations to engage with. We need action to support the workforce including recruiting new doctors, training existing staff to fill new roles, and introducing measures to make the national health system a place where staff are empowered to work and want to stay.

Read the Report – [RCR Clinical Oncology Workforce Census 2022](#)

### **Annual Review 2022/23 – HSIB - Uploaded 2<sup>nd</sup> August 2023**

HSIB – August 2023

This is our sixth [Annual Review](#) and final review before HSIB divides, forming the Health Services Safety Investigations Body (HSSIB) and the Maternity and Newborn Safety Investigations (MNSI) programme.

Over the year (2022/23) we've published 16 investigation reports and issued 36 safety recommendations to 13 different organisations.

Our HSIB maternity programme has helped identify systemic issues which contribute harm to pregnant women/people and babies. We have noted that investigation referrals relating to brain injury indicate a sustained decrease in babies with abnormal MRI results or neurological damage.

Impacts from HSIB reports and safety recommendations include:

Academy of Medical Royal Colleges published guidance on alerts and notifications of imaging reports to ensure prompt and effective imaging result notification.

The National Institute for Health and Care Excellence (NICE) amended its recommendation to support waiting at least 60 seconds before clamping the cord of preterm babies.

UK Health Security Agency took steps to assure itself of the safe and effective delivery of telephone triage for future healthcare emergencies – tested through the delivery of services for monkeypox and avian flu.

Read the Report – [Annual Review 2022/23](#)

### **Data dashboard now available to support acute and general medicine teams - Uploaded 2<sup>nd</sup> August 2023**

GIRFT – July 2023

A range of new data-rich resources supporting acute and general medicine teams to transform services is now on offer from the Getting It Right First Time (GIRFT) team.

The [Summary Acute Medicine Indicator Table \(SAMIT\)](#) has now gone live. This overarching data dashboard is designed to identify unwarranted variation which is adversely affecting patient care and support centres to improve outcomes. More details below.

GIRFT has also added a new compartment of acute and general medicine data to the Model Health System (MHS), enabling clinicians to view up-to-date, benchmarked data at site, trust and system level.

## The Summary Acute Medicine Indicator Table (SAMIT)

This [new data dashboard](#) provides a suite of 50 key metrics relevant to the acute medical patient pathway, for use by teams in Acute Medical Units (AMUs) and Same Day Emergency Care (SDECs) in England. It offers a deep understanding of an acute medical service, accounting for demand, capacity, processes, behaviours and performance, which all contribute to patient care and experiences.

Data in the SAMIT focuses on the activity and performance for patients aged 16 and over who are admitted acutely to 18 medical specialties. The dashboard recognises that AMUs operate within a wider system of primary, secondary, community and social care, and with variations in geography, demographics, case-mix, resources and practices.

The dashboard can be viewed at site or system level and includes an overview of key activity and resources (consultant and nursing numbers, physical bed availability) linked to capacity, helping to highlight gaps which might be impacting on the delivery of a service. It also includes an overall ranked patient flow score – the GIRFT Acute Medicine Index (GAMI).

Charts within the SAMIT display delays in the ED for medical admissions, weekly admissions and length of stay, and there are quadrants showing how a hospital compares to all other hospitals for performance across demand and capacity, flow and outcomes.

More details about the dashboard, including how to access the SAMIT, are available by clicking the link below.

[Summary Acute Medicine Indicator Table \(SAMIT\)](#)

## **PQIP (Perioperative Quality Improvement Programme) Report 2021 – 2023 - Uploaded 2<sup>nd</sup> August 2023**

PQIP – 2023

New research from the Royal College of Anaesthetists and [University College London](#) shows that while some progress is being made in improving perioperative care for patients undergoing major surgery, more focus is needed on ensuring all patients receive an individualised risk assessment, effective postoperative pain management and support with DRinking, EAting and Mobilising (also known as DREAMING) within 24 hours of surgery. The full report is available at [www.pqip.org.uk](http://www.pqip.org.uk).

The fourth report of the Perioperative Quality Improvement Programme (PQIP) analyses data from a cohort of 11,926 patients from 135 hospitals who had surgery between July 2021 and March 2023, as well as data from three previous cohorts dating back to December 2016. In total, data from 44,114 patients across 168 hospitals is included in the PQIP research. The cohort in the new report is the first to include data from patients in Scotland, as well as England and Wales.

PQIP is designed to help improve patient outcomes from major non-cardiac surgery by supporting clinicians to use local data to enhance perioperative care. This is important for better outcomes for individual patients and for the recovery of the NHS after the pandemic. The PQIP report identifies five priorities for reducing complications and length of stay after surgery, simplifying enhanced recovery and promoting teamwork, including with patients.

The report identifies individualised risk assessment as the foundation of later high-quality patient care, facilitating shared decision making and open communication, which may help to improve patients' adherence to treatment. Approximately 1 in 3 patients having major high-risk non-cardiac surgery did not have an individualised risk assessment, despite this being recommended by case law ([Montgomery, 2015](#)) and subject to a recent [Prevention of Future Deaths review](#).

Read the Report – [PQIP Report 2021 – 2023](#)

### **The NHS in crisis – evaluating the radical alternatives - Uploaded 3<sup>rd</sup> August 2023**

Kings Fund – Aug 2023

Health and care services are facing challenges on many fronts. Record numbers of people on waiting lists, stubbornly high staff vacancy rates, outdated buildings and equipment are all contributing to a system in crisis with too many people struggling to access the care they need. In this context, public satisfaction with the NHS has hit its lowest on record as measured by the [British Social Attitudes survey](#).

That same survey finds that [support remains strong](#) for the NHS model of a tax-funded, universally available, largely free at the point of use service. Despite this unwavering public support, some commentators and politicians now argue that the current situation means that the NHS model is ['broken'](#) and that the only solution is a 'radical' alternative – although it should be said that the definition of radical is subjective and many of these ideas have been proposed – and rejected – for decades.

This piece looks at the potential benefits and drawbacks of some of the main 'radical' alternatives being advocated for, and then asks whether they would, in themselves, solve the problems that the health care system in England currently faces.

Further information – [The NHS in crisis – evaluating the radical alternatives](#)

### **NHS Chaplaincy – guidelines for NHS managers on pastoral, spiritual and religious care - Uploaded 3<sup>rd</sup> August 2023**

NHS England – August 2023

This document sets out for NHS managers of chaplaincy services in England guidance on how to run and manage a safe, effective and inclusive chaplaincy service, with some examples of how NHS bodies across the country are operating such services.

[NHS Chaplaincy – guidelines for NHS managers on pastoral, spiritual and religious care](#)

### **Scaling innovation within healthcare systems: practical considerations - Uploaded 3<sup>rd</sup> August 2023**

NHS Confederation – Aug 2023

This guide comes in response to member feedback on challenges to innovation in the NHS. It provides practical pointers for innovators and system decision-makers on how to



successfully adopt and scale proven innovations. The guide has been endorsed by the AHSN Network.

About this guide

This guide is based on extensive research and interviews with NHS Confederation members. It identifies learning from case studies that have successfully adopted and scaled innovation.

Each section highlights key issues to consider when adopting or scaling a proven innovation, to help ensure success.

Further information – [Scaling innovation within healthcare systems: practical considerations](#)

### **Spotlight on Nursing and Midwifery Report 2023 – NMC - Uploaded 3<sup>rd</sup> August 2023**

Nursing and Midwifery Council (NMC) – August 2023

The Nursing and Midwifery Council (NMC) has today published the first Spotlight on Nursing and Midwifery. This new report will be published every year, sharing insights from our work to support sector wide learning and improvement for the benefit of people who receive care.

Nursing and midwifery are already among the UK's most trusted professions, having a positive impact on the nation's health and wellbeing day in, day out. As the professional regulator, we want to share insights that can further improve learning and practice in nursing and midwifery, supporting professionals to uphold high standards.

[This report](#) signals our commitment to make better use of our regulatory data. The insights in the report come together to tell a powerful story about contemporary nursing and midwifery practice – one we will build on each year.

Read the Report – [Spotlight on Nursing and Midwifery Report 2023](#)

### **Summary guide pulls together best practice for meeting NHS 28-day cancer diagnosis standard - Uploaded 3<sup>rd</sup> August 2023**

GIRFT – 3 Aug 2023

Summary guidance to support NHS clinicians to better meet the Faster Diagnosis Standard (FDS) for cancer is now available to download.

Getting It Right First Time (GIRFT) and NHS England's Cancer Programme have worked in partnership to produce guidance for [Best practice timed diagnostic cancer pathways](#), outlining how cancer alliances and local organisations can implement NHSE's best practice timed diagnostic pathways for cancer.

The guidance includes advice for all stages of a cancer diagnosis, from early identification of patients to onward referral, as well as useful insights from the relevant GIRFT national clinical leads and links to best practice case studies.

This edition has a particular focus on colorectal cancer, prostate cancer and skin cancer, with guidance for other cancer specialties to follow.

The [NHS Long Term Plan](#) committed to providing a faster diagnosis for patients through the introduction of the Faster Diagnosis Standard (FDS), to ensure people are told they have cancer or that cancer is excluded within 28 days from referral. Since the introduction of the FDS, performance across England has been around 71% (April 2023). The aim is to reach 75% performance by March 2024.

[Best practice timed diagnostic pathways](#) for seven cancer specialties (head and neck, gynaecology, colorectal, lung, prostate, skin and oesophago-gastric) have been shared by NHSE's Cancer Programme, with more in development. The pathways aim to encourage consistent, system-wide approaches to managing diagnosis pathways, allowing clinicians to focus on the rapid investigation of the highest priority patients, while ensuring fast and effective rule out and management of those without cancer.

Further information – [Summary guide](#)

### **[Artificial intelligence: 10 promising interventions for healthcare - Uploaded 3<sup>rd</sup> August 2023](#)**

NIHR – July 2023

The news is full of stories on artificial intelligence, or AI. These include extreme predictions about its impact on jobs, privacy and society, as well as exciting stories about benefits in healthcare and education, for example. Articles may be misleading, and exaggerate both the positive and the negative. At a time when people need to understand a rapidly-changing landscape, there is a need for debate informed by evidence. This Collection aims to provide some of that evidence.

We describe recent examples of research on AI-based technology that could support the NHS. As it develops and is put into practice, it could enable managers to predict patients' needs and manage their service's capacity. It could help doctors diagnose conditions earlier and more accurately, and offer specific treatments to individuals. More research is needed, but the evidence to date is promising.

The Collection provides members of the public and healthcare professionals with insights into the future of AI in healthcare.

Further information – [10 promising interventions for healthcare](#) – AI

### **[Improvement Cultures in Health and Adult Social Care settings – A rapid literature review for the CQC - Uploaded 4<sup>th</sup> August 2023](#)**

CQC – may 2023

This research looks at improvement cultures in health and adult social care settings. The CQC commissioned SQW and The Kings Fund Library Service to carry out this rapid literature review and write the summary and full report.

Read the Report – [Improvement Cultures in Health and Adult Social Care settings – A rapid literature review for the CQC](#)

**Towards a healthier, wealthier UK: unlocking the value of health care data - Uploaded 4<sup>th</sup> August 2023**

BCG | Centre for Growth – July 2023

This report on health care data shows public support for unlocking the value of the UK's data, and sets out how the opportunity for leveraging health care data can be grasped.

Read the Report – [Towards a healthier, wealthier UK: unlocking the value of health care data](#)

**NHS Digital annual report and accounts 2022 to 2023 - Uploaded 4<sup>th</sup> August 2023**

NHS Digital – 2023

This report contains information on NHS Digital's work this year, including: its achievements and challenges; how it has performed against its priorities; board members and governance; and financial statements for 2022 to 2023.

Read the Report – [NHS Digital annual report and accounts 2022 to 2023](#)

**Elective recovery taskforce: implementation plan - Uploaded 4<sup>th</sup> August 2023**

Dept health and social care – Published 4 August 2023

A plan to turbocharge recovery of the COVID-19 backlog in elective care by leveraging the capacity across the whole system and empowering patients to choose where they are treated.

The implementation plan sets out action in 4 areas:

- empowering patients to exercise their right to choice – overcoming data, technological, information and knowledge barriers to patients, harnessing their right to choose where they receive their care
- delivering a post-pandemic recovery:
- overcoming obstacles to providers entering the market
- ensuring payment mechanisms promote the right incentives
- overcoming barriers to effectively working with the independent sector
- enabling longer-term system sustainability – ensuring the NHS and independent sector work together to develop a sustainable workforce and access to facilities, for additional capacity, both now and in the future

delivering this plan and going further – the material steps that will support delivery of the recommendations in this plan, and improve how data and evaluation is used across the NHS and independent sector

[Elective recovery taskforce: implementation plan](#)

**HSIB maternity investigation programme year in review 2022/23 - Uploaded 4<sup>th</sup> August 2023**

HSIB – 3rd August 2023

During 2022/23 the maternity programme completed 702 reports and made more than 1,380 safety recommendations, with families remaining central to the work we undertake.

This is the final [maternity review](#) before HSIB [transforms](#) into the Health Services Safety Investigations Body (HSSIB) and the maternity programme becomes the Maternity and Newborn Safety Investigations (MNSI) programme, in October 2023.

Highlights from the year:

We have developed a family inclusivity toolkit, so we fully understand family needs during an investigation.

The number of investigation referrals relating to brain injury indicate a sustained decrease in babies with abnormal MRI results or neurological damage.

We have formed a race equality group to develop the data from investigations to analyse demographics and understand the impact of racial diversity on experiences, access to care, and outcomes.

We noted during 2022/23 that the top three themes for our safety recommendations to NHS trusts in order of frequency are clinical assessment, guidance and fetal monitoring.

Read the report – [HSIB maternity investigation programme year in review 2022/23](#)

### **[The Ombudsman's Annual report and accounts 2022 to 2023 – Parliamentary and Health Service Ombudsman](#) - Uploaded 4<sup>th</sup> August 2023**

Parliamentary and Health Service Ombudsman – July 2023

Our 2022-2023 Annual report and Accounts give details of our performance over the past 12 months, including financial reports and statistical information about the complaints we receive. We lay our annual reports before Parliament each year.

Read the report – [The Ombudsman's Annual report and accounts 2022 to 2023](#)

### **[Operational Pressures Escalation Levels \(OPEL\) Framework 2023/24](#) - Uploaded 14<sup>th</sup> August 2023**

NHS England – August 2023

This framework aims to provide a unified, systematic and structured approach to detection and assessment of acute hospital urgent and emergency care (UEC) operating pressures; provide a consistent framework for the proportional representation of each acute trust hospital's OPEL score toward the corresponding integrated care system (ICS), NHS England regions, and NHS England nationally; provide guidance to acute hospital trusts, ICS and NHS England regions that supports an effective, integrated and coordinated response to acute trust operational pressures and provide guidance on the alignment of, and interaction between, the OPEL Framework 2023/24 and the national [Emergency Preparedness, Resilience and Response \(EPRR\) framework](#).

The OPEL Framework 2023/24 replaces all previous versions of the NHS OPEL Framework.

## [Operational Pressures Escalation Levels \(OPEL\) Framework 2023/24](#)

### [Diagnostic imaging reporting turnaround times - Uploaded 14<sup>th</sup> August 2023](#)

NHS England – August 2023

Turnaround time (TAT) in imaging is the interval between an imaging examination and a verified report being made available to the referring clinician. Keeping TATs as short as possible is essential for the timely diagnosis and treatment of patients. Developed in consultation with and supported by The Royal College of Radiologists and The Society of Radiographers, this document sets out national turnaround time (TAT) guidance in England for imaging reporting TATs across clinical pathways, including the maximum timeframe within which all imaging must be reported

More information – [Diagnostic imaging reporting turnaround times](#)

### [Dementia Care in General Hospitals Round 5 Audit 2022 \(NAD\) - Uploaded 14<sup>th</sup> August 2023](#)

HQIP – 10th Aug 2023

The National Audit of Dementia (NAD) has published its latest report, which presents the results of the fifth round of audit data. For the first time, the audit has been undertaken prospectively (which will enable hospitals to take earlier action to improve patient care and experience), however, this has demonstrated that many hospitals still have no ready mechanism to identify people with dementia once admitted.

One notable improvement is delirium screening (dementia is the biggest risk factor for developing delirium). Screening for delirium has improved from 58% in round 4 to 87% in the current audit. In addition, a high number of pain assessments are also being undertaken within 24 hours of admission (85%). Although encouraging, the report highlights that 61% of these assessments were based only on a question about pain – an approach that can be unreliable in patients with dementia.

While this report acknowledges that our health services have experienced an extraordinarily difficult and challenging time (and, despite this, there are areas where progress has been made), it does shine a light on a need for more training. It states that is encouraging that many staff have received Tier 1 dementia training (median 86%), but suggests that a much higher proportion of ward-based patient facing staff should have received Tier 2 dementia training (median 45%). The report also finds that only 58% of hospitals are able to report the proportion of staff who have received training. As such, it recommends that any member of staff involved in the direct care of people with dementia should have Tier 2 training, and this training should be recorded to provide assurance to the public and regulators.

Read the Report – [Dementia Care in General Hospitals Round 5 Audit 2022 \(NAD\)](#)

### [Best practice timed diagnostic cancer pathways: practical guidance for clinicians to maximise use of NHS Cancer pathways for the benefit of patients - Uploaded 14<sup>th</sup> August 2023](#)

GIRFT – July 2023

GIRFT and the NHS England Cancer Programme have co-produced this guide, outlining how cancer alliances and constituent organisations can implement NHSE's best practice timed pathways for cancer, with insights from the relevant GIRFT national clinical leads. The guide summarises the key guidance documents available to NHS colleagues, with links provided.

Access the Guide – [Best Practice Timed Diagnostic Cancer pathways](#)

### **Major conditions strategy: case for change and our strategic framework - Uploaded 15<sup>th</sup> August 2023**

[Department of Health and Social Care](#) – 14th august 2023

Following the Secretary of State for Health and Social Care's commitment to [publish a major conditions strategy](#), this government report sets out the case for change and strategic framework for the final strategy.

The final strategy will aim to improve outcomes and better meet the needs of our ageing population living with an increasing number of conditions. Tackling the groups of major conditions that drive ill health in England provides an important opportunity to improve the lives of millions of people. Reducing suffering from these conditions will move us towards our objective of increasing healthy life expectancy by 2035, help us to ease pressure on the health system and reduce the number of people out of work due to ill health.

[Major conditions strategy: case for change and our strategic framework](#)

### **GIRFT issues six measures to help improve acute hospital flow during winter - Uploaded 15<sup>th</sup> August 2023**

GIRFT – Aug 2023

Guidance setting out six vital steps acute hospitals should take to improve flow during the winter months is available to download, in a collaboration between Getting It Right First Time (GIRFT) and the Society for Acute Medicine (SAM). The detailed guidance has been developed based on the views of acute physicians currently working in a range of clinical settings across England, to help hospitals manage their acute medical take. The aim is that implementing these steps can improve patient care, safety and staff well-being.

The six steps cover the key priorities for improving flow, offering in-depth guidance and best practice to address:

Protecting Same Day Emergency Care (SDEC) capacity and function, by ensuring that SDEC units are never bedded, and avoiding using SDEC staff to cope with demand elsewhere in the hospital.

Best practice for ward rounds and handover, including advice for achieving twice daily review on AMUs, seven days a week.

Measures for pharmacy services which can help to facilitate discharge.

Ensuring availability of, and access to, diagnostics for teams in AMU, SDEC and the emergency department (ED).

A range of measures to optimise the workforce, making best use of all members of the multi-professional team.

Ensuring the provision of, and access to, Allied Health Professionals (AHPs) and acute frailty services.

The guidance also stresses that any interventions should be supported by the development of a local comprehensive strategy for achieving flow in acute medicine.

Useful links are provided to further reading and supporting documents, such as the Royal College of Physicians' toolkits for [effective handover](#) and for [delivering a 12-hour, 7-day consultant presence in Acute Medical Units](#).

The guide also links in with GIRFT's recent collaboration with the British Geriatrics Society (BGS) aiming to support hospital teams to improve care of older people living with frailty – another piece of guidance in the 'six steps' series, called [Six Steps to Better Care for Older People in Acute Hospitals](#).

Read the Guidance – [Six to Help Fix: Acute Medicine guidance for improving in-hospital flow](#)

### **GIRFT issues six measures to help improve acute hospital flow during winter - Uploaded 15<sup>th</sup> August 2023**

GIRFT – Aug 2023

Guidance setting out six vital steps acute hospitals should take to improve flow during the winter months is available to download, in a collaboration between Getting It Right First Time (GIRFT) and the Society for Acute Medicine (SAM). The detailed guidance has been developed based on the views of acute physicians currently working in a range of clinical settings across England, to help hospitals manage their acute medical take. The aim is that implementing these steps can improve patient care, safety and staff well-being.

The six steps cover the key priorities for improving flow, offering in-depth guidance and best practice to address:

Protecting Same Day Emergency Care (SDEC) capacity and function, by ensuring that SDEC units are never bedded, and avoiding using SDEC staff to cope with demand elsewhere in the hospital.

Best practice for ward rounds and handover, including advice for achieving twice daily review on AMUs, seven days a week.

Measures for pharmacy services which can help to facilitate discharge.

Ensuring availability of, and access to, diagnostics for teams in AMU, SDEC and the emergency department (ED).

A range of measures to optimise the workforce, making best use of all members of the multi-professional team.

Ensuring the provision of, and access to, Allied Health Professionals (AHPs) and acute frailty services.

The guidance also stresses that any interventions should be supported by the development of a local comprehensive strategy for achieving flow in acute medicine.

Useful links are provided to further reading and supporting documents, such as the Royal College of Physicians' toolkits for [effective handover](#) and for [delivering a 12-hour, 7-day consultant presence in Acute Medical Units](#).

The guide also links in with GIRFT's recent collaboration with the British Geriatrics Society (BGS) aiming to support hospital teams to improve care of older people living with frailty – another piece of guidance in the 'six steps' series, called [Six Steps to Better Care for Older People in Acute Hospitals](#).

Read the Guidance – [Six to Help Fix: Acute Medicine guidance for improving in-hospital flow](#)

### **Policy guidance on recording patient safety events and levels of harm - Uploaded 15<sup>th</sup> August 2023**

NHS England – 15th August 2023

This guidance is for users of the new Learn from Patient Safety Events (LFPSE) service, to provide context and guidance on selection of appropriate categories when recording incidents. It focuses on which Event Type is appropriate for different circumstances, and how to select the most appropriate options for the Levels of Harm categorisation required within Patient Safety Incidents.

[Policy guidance on recording patient safety events and levels of harm](#)