Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

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INNOVATION & IMPROVEMENT BULLETIN

2ND AUGUST 2023



PQIP (Perioperative Quality Improvement Programme) Report 2021 – 2023

AUGUST 2, 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.

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***

Data dashboard now available to support acute and general medicine teams

AUGUST 2, 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)

Annual Review 2022/23 – HSIB

AUGUST 2, 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***

RCR Clinical Oncology Workforce Census 2022

AUGUST 1, 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***

National Cancer Patient Experience Survey (NCPES)

AUGUST 1, 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

Prevention in health and social care: vaccination

AUGUST 1, 2023

Health and Social Care Committee – 2023

This report calls for urgent action to tackle declining vaccination rates among children, citing concern that England did not meet the 95 per cent target for any routine childhood immunisations in 2021/22. It also states that the United Kingdom lags behind international competitors on support for clinical research, in particular in the clinical trials system, and calls for urgent reform. The report also calls for immediate action to ensure the readiness of NHS England, the Medicines and Healthcare products Regulation Agency (MHRA) and the Joint Committee on Vaccination and Immunisation (JCVI) to support innovations around preventive health care, such as personalised cancer vaccine, given an uncertain time frame.

Read the Report – ***Prevention in health and social care: vaccination***

Transformative, not tokenistic: the patient voice in integrated care systems

AUGUST 1, 2023

NHS Confederation – July 2023

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

Long Read – ***Transformative, not tokenistic: the patient voice in integrated care systems***

The government's response to the Adult Social Care Committee report A "gloriously ordinary life": spotlight on adult social care

AUGUST 1, 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***

Transfer of care – challenges that have inhibited widespread adoption of the e-discharge

AUGUST 1, 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***

Strengthening the role of the ambulance sector in reducing health inequalities: national consensus statement and next steps

AUGUST 1, 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

SPS Medication Safety Update July 2023: Recent critical patient safety alerts, reports, and publications

AUGUST 1, 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***

NHS Resolution annual report and accounts 2022 to 2023

AUGUST 1, 2023

NHS Resolution – 31st July 2023

The annual report and accounts for 2022 to 2023 includes:

- a performance report
- an accountability report
- financial statements

It demonstrates NHS Resolution's ongoing commitment to an innovative dispute resolution strategy that has effectively reduced litigation rates and costs.

In line with its strategy to keep patients and healthcare staff out of court, a record 80% of claims were resolved in 2022 to 2023 without resorting to legal action. An estimated £4.6 billion has been saved for the taxpayer as more cases are resolved without payment of damages, coupled with a robust approach to fraud.

These achievements are due to a collaborative approach seen across the legal market that involves diverse and more empathetic methods of resolving compensation claims.

NHS Resolution annual report and accounts 2022 to 2023 (print ready)

How do the public and NHS staff feel about virtual wards?

AUGUST 1, 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?***

National medicines optimisation opportunities 2023/24

AUGUST 1, 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

Expert Panel: evaluation of the Government's commitments in the area of pharmacy in England

JULY 31, 2023

Health and Social Care Committee – July 2023

The Committee's independent Expert Panel evaluating Government commitments on pharmacy has found that overall progress 'requires improvement' across a number of areas.

Evidence shows that demand for community pharmacy services has increased significantly with community pharmacies struggling to deliver services within the existing funding model, or even to remain open.

Community pharmacy was one of five policy areas examined by the Panel along with integrated care, hospital pharmacy, workforce education and training, and extended services. Experts found that available funding was not sufficient to keep pharmacies open, struggling financially with increased demand for dispensing, workforce pressures and rising costs due to inflation. One of the other commitments requiring improvement covered a scheme intended to protect access to local physical NHS pharmaceutical services in areas where there were fewer pharmacies.

A commitment by Government to eliminate paper prescribing in hospitals and introduce digital or e-prescribing across the entire NHS by 2024 was rated 'inadequate' overall. Experts found that poor 'digital maturity' was partly responsible and reported that even prioritised funding for IT systems was insufficient.

On workforce education and training, the report ranks a government commitment to roll out a three-year education and training programme for primary care and community pharmacy professionals as requiring improvement, with providers unable to afford to pay to backfill staff sent on courses. A commitment to make legislative changes to improve the skill mix in pharmacies and enable the clinical integration of pharmacists has not been delivered and was rated 'inadequate' overall.
Out of nine commitments separately evaluated over five areas, two were rated as 'good', five as 'requires improvement' and two were 'inadequate'.

Read the Report – ***Expert Panel: evaluation of the Government's commitments in the area of pharmacy in England***

Rapid Literature Review: The characteristics of safety cultures

JULY 30, 2023

CQC – 26 July 2023

This review sets out to address what the key characteristics of good safety culture are, what are the key enablers and barriers, what evidence of good practice exists and what gaps exist in the evidence.

Read the Report – ***Rapid Literature Review: The characteristics of safety cultures***

Delivering operational resilience across the NHS this winter

JULY 28, 2023

NHS England July 2023

Letter setting out our national approach to 2023/24 winter planning, and the key steps we must take together across all parts of the system to meet the challenges ahead, and a set of recommended winter roles and responsibilities to ensure clarity on what actions should be undertaken by each part of the system.

Delivering operational resilience across the NHS this winter

Cancellations of NHS care are having serious impacts on two-thirds of patients – Healthwatch report

JULY 27, 2023

Healthwatch – July 27th 2023

Our new research, published today, shows that people are currently facing multiple cancellations or postponements of care which are having a significant impact on their lives and symptoms, while further increasing health inequalities.

About our research

We commissioned a survey of 1084 people who have seen their NHS care either cancelled or postponed this year to understand the extent of disruption to care amid rising waiting lists, workforce issues, and industrial action, and other pressures on the NHS.

Key findings

- Over one in three, 39%, have had their NHS care cancelled or postponed two or more times this year. This has included hospital operations, tests, scans, outpatient appointments, and community health service appointments.
- Nearly one in five (18%) of the respondents have had their care cancelled or postponed at the last minute, which the NHS defines as on the day of or on arrival to an appointment. And almost half, 45%, experienced a cancellation with between one- and seven-days notice.
- Two-thirds of the respondents, 66%, said cancellations to care had impacted their lives, reporting ongoing pain, worsening mental health, worsening symptoms, and disrupted sleep, among many other problems.

Read the Report – ***Cancelled care research***

The selection and insertion of vascular grafts in haemodialysis patients – HSIB Report

JULY 27, 2023

HSIB – July 2023

This investigation aims to improve patient safety by supporting healthcare staff in a surgical setting to select and insert the appropriate type of implant (vascular graft) for haemodialysis treatment.

Dialysis is a procedure to remove waste products and excess fluid from the blood when a person's kidneys stop working properly. Almost 30,000 people in the UK receive regular dialysis. The most common type of dialysis is haemodialysis, during which a patient's blood goes through a tube into a machine to be filtered, and is then passed back into the patient's body. To carry out haemodialysis, access is required to the bloodstream; one option for this is a vascular graft. This is a synthetic implant used to connect an artery and vein, to create a larger and stronger opening through which the blood can travel.

There are numerous types of vascular grafts produced by different manufacturers. Vascular grafts are available in different diameters and lengths, and may be either tapered or non-tapered in shape. Some vascular grafts are for delayed use, needing around 2 weeks between insertion and first use, and others are for rapid access and can be used approximately 72 hours after insertion.

This investigation used a real patient safety incident, referred to as 'the reference event', to examine aspects of the selection and insertion of vascular grafts, including measures to ensure the correct type is inserted. The reference event involved Teri, who had to undergo an additional procedure after the incorrect type of vascular graft was inserted for haemodialysis treatment.

The investigation's findings, safety recommendations and safety observations aim to prevent the selection and insertion of incorrect vascular grafts from happening in the future and to improve care for patients across the NHS.

Read the Report – ***The selection and insertion of vascular grafts in haemodialysis patients***

New review identifies poorer care and lower life expectancy for ethnic minorities with a learning disability

JULY 27, 2023

NHS Race and Health Observatory – July 2023

People with a learning disability from Black, South Asian (Indian, Pakistani or Bangladeshi heritage) and minority ethnic backgrounds face shorter life expectancy triggered by poorer healthcare access, experience and outcomes.

The average age of death for people with a learning disability who are from an ethnic minority is 34 years, just over half the life expectancy of white counterparts, at 62 years of age. Of those with a learning disability who die in hospital, 51% from ethnic minority groups have a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) recommendation, compared to 73% for those who are white.

These, and other findings, will be discussed as the independent NHS Race and Health Observatory launches its new recommendations report that examines two decades of research looking into discriminatory barriers preventing equitable healthcare treatment.

Supported by NHS England, the comprehensive five-part report contains data, personal interviews and analyses undertaken by the University of Central Lancashire, in collaboration with Manchester Metropolitan University, Learning Disability England and the Race Equality Foundation.

Read the Report – '***We deserve better: Ethnic minorities with a learning disability and access to healthcare'***

2023 – Impact Report – HQIP

JULY 26, 2023

HQIP – July 2023

Every project within the NCAPOP has been established to address a clinical area (or areas) where healthcare improvement is required, and the common aim of each project is to have a positive impact on patient care. This compendium provides a summary of some of the key impacts the projects have had.

Impact has been categorised into four categories: national; system; local and public.

In addition, we're focusing in greater detail on a number of projects in a collection of in-focus impact reports:

2023 – Impact Report –

2022 – Impact Report

2021-22 – In focus Impact Reports

Prevention, integration and implementation: healthcare leaders' views on the major conditions strategy

JULY 26, 2023

NHS Confederation – July 2023

The major conditions strategy is a national framework being developed by the Department of Health and Social Care (DHSC) and the Office for Health Improvement and Disparities (OHID). This briefing considers how the strategy can set the conditions to prevent, treat and manage multimorbidity in England.

Read the Briefing – ***Prevention, integration and implementation: healthcare leaders' views on the major conditions strategy***

UKHSA strategic plan 2023 to 2026

JULY 26, 2023

UKHSA – 25th July 2023

This plan outlines UKHSA's goals and strategic priorities for the next 3 years to protect the nation's health from current and future threats.

The UK Health Security Agency (UKHSA) prepares for, prevents and responds to infectious diseases and environmental hazards to keep all our communities safe, to save lives and protect livelihoods.

The first strategic plan of UKHSA shares our vision to protect every person, community, business and public service from infectious diseases and environmental hazards, helping to create a safe and prosperous society.

Through scientific and operational leadership and in partnership with local, national and international partners our work will deliver 3 core goals:

- Prepare – be ready for, and prevent, future health security hazards
- Respond – save lives and reduce harm through effective response
- Build – develop the UK's health security capacity

By ensuring our preparedness for, and ability to respond to, current and future health security threats, we will save lives and reduce harm, support the NHS, protect the nation's public services and support economic growth.

The strategy sets out UKHSA's ambitions to:

- be ready to respond to all hazards to health
- improve health outcomes through vaccines
- reduce the impact of infectious diseases and antimicrobial resistance
- protect health from threats in the environment
- improve action on public health through data and insight
- develop UKHSA as a high-performing agency

The importance of strong health protection systems that address health inequalities has never been clearer. We recognise that health threats impact people in different ways, and often disproportionately impact certain groups. We want to see reductions in health inequality over the lifetime of this strategic plan to achieve more equitable outcomes.

Read the Report – ***UKHSA strategic plan 2023 to 2026: securing health, saving lives and protecting livelihoods***

Urgent and emergency care survey 2022

JULY 26, 2023

CQC – 25th July 2023

This survey looks at the experiences of people using type 1 and type 3 urgent and emergency care services.

Two questionnaires were used, tailored to each service type. Results are reported for each service type at trust and overall England level.

- Type 1 services include A&E departments, and may also be known as casualty or emergency departments.

- Type 3 services include urgent treatment centres, and may also be known as minor injury units. The survey only includes services directly run by an acute NHS trust.

The 2022 urgent and emergency care survey received feedback from 29,357 people who attended a type 1 service in September 2022 and 7,418 people who attended a Type 3 service in September 2022.

What we found

People's experiences of urgent and emergency care are worse than in previous years. This applies more so to results for Type 1 services, where results have declined for all questions evaluating care. For some aspects of care in Type 3 services, results have remained positive, such as being listened to by health professionals.

Further information – ***Urgent and emergency care survey 2022***

The Independent Pregnancy Loss Review – Care and support when baby loss occurs before 24 weeks gestation

JULY 26, 2023

Independent Pregnancy Loss Review Group – July 2023

The Pregnancy Loss Review Group was commissioned to consider the registration and certification of pregnancy loss occurring before 24 weeks' gestation, and the quality of National Health Service care. The review looks at options to improve NHS gynaecology and maternity care practice for parents who experience a miscarriage, ectopic pregnancy, molar pregnancy or termination for medical reasons. It makes 73 recommendations, which are intended to support the government and the NHS in creating a forward-looking approach to improve the safety and care experience for all those who have a pre-24-week baby loss.

Read the Report – ***The Independent Pregnancy Loss Review – Care and support when baby loss occurs before 24 weeks gestation***

Government response to the independent Pregnancy Loss Review: care and support when baby loss occurs before 24 weeks' gestation

Progress in improving NHS mental health services

JULY 25, 2023

House of Commons Public Accounts Committee (PAC) – July 2023

This report finds that mental health service staff shortages are holding back mental health services from improving and expanding. Increased workload is leading to burnout for remaining staff, which contributes to a higher rate of staff turnover and a resulting vicious cycle of more staff shortages. The PAC calls on the NHS to address the fact that staff increases are being outpaced by the rise in demand for services. Mental health services are also lagging behind physical services in the area of good data and information to a concerning degree. Another area of particular concern is a continuing lack of progress in treating mental health services with equal priority as physical services.

Read the Report – ***Progress in improving NHS mental health services***

Health in 2040: projected patterns of illness in England

JULY 25, 2023

The Health Foundation's REAL Centre in partnership with the University of Liverpool – July 2023

Produced by The Health Foundation's REAL Centre in partnership with the University of Liverpool, this report aims to support policy-makers prepare for the future by looking at patterns of illness over the next two decades. The analysis lays out the potential scale and impact of the growth in the number of people living with major illness as the population ages, assigning scores to 20 conditions based on how likely the illness is to affect people's use of primary care and emergency health services and likelihood of death. The report projects that 9.1 million people will be living with major illness by 2040, 2.5 million more than in 2019.

Read the Report – ***Health in 2040: projected patterns of illness in England***

Organisational Wellbeing Interventions: Case Studies from the NHS

JULY 25, 2023

Society of Occupational Medicine (SOM) – July 2023

A new report looking at organisational measures to support staff wellbeing in the NHS identifies a range of factors underpinning the most successful interventions.

The Organisational Wellbeing Interventions: Case Studies from the NHS report is published by the Society of Occupational Medicine (SOM) and produced by a team of researchers from universities across the UK.

It comes as working conditions and psychological wellbeing of NHS staff is an increasing cause for concern, and more questions are being raised about how they can best be supported in these challenging times.

The report aims to:

- identify examples of organisational interventions to improve NHS staff wellbeing
- map how these interventions attempt to reduce demands on and increase resources for individuals, groups, leaders, organisations and overarching context
- identify the barriers and facilitators of success for organisational interventions
- summarise key recommendations to encourage more, and better, organisational interventions to support staff wellbeing.

Using case study examples, it provides insights from 13 interventions. These include overhauling rotas and shift patterns, removing bureaucracy and reducing meeting times, changing patient care processes, co-designing fatigue management strategies, and improving team formation and psychological support.

It also details the learnings from these interventions, including facilitators and barriers that affected their success.

The learnings are summarised into six key principles to guide organisational approach on supporting staff wellbeing:

- Recognise staff wellbeing is a systems issue.

- Tailor the intervention to the organisational context.
- Involve staff in the process.
- Get support from leaders.
- Interventions need to continually evolve.
- Plan for the long haul.

Read the Report – ***Organisational Wellbeing Interventions: Case Studies from the NHS***

Burnout in healthcare: risk factors and solutions

JULY 25, 2023

Society of Occupational Medicine (SOM); 2023.

A new approach is needed to tackle high levels of burnout among healthcare workers, a new report has concluded. Shocking figures recently showed that NHS England experienced an absence rate of 5.6 percent in 2022, the equivalent of losing nearly 75,000 staff to illness, often caused by burnout. 170,000 staff have also left, or are planning to leave, the NHS due to stress and workload pressures.

SOM has published *Burnout in healthcare: risk factors and solutions* which details the steps needed to help combat the condition, found to be rife in healthcare.

Drawing on research data from a wide variety of sources, the report found that those working in healthcare, such as doctors, nurses and care workers, are particularly prone to experiencing burnout.

According to the 2022 NHS workforce survey, more than a third of healthcare staff report feel burned-out at work, with staff in clinical roles found to be most vulnerable. Further data shows that 54 percent of doctors displayed signs of emotional exhaustion and nearly 40 percent of nurses 'often' or 'always' felt burned-out at work.

Burnout is not a medical condition, but a state of physical and emotional exhaustion caused by excessive, prolonged, and untreated interpersonal workplace stress. It occurs when individuals become emotionally exhausted, cynical, and disengaged from the job and feel a sense of ineffectiveness and loss of purpose. It can have wide-ranging damaging effects on workers' health, job performance and quality of life and is extremely costly for the healthcare sector.

The thoroughly evidenced report recommends **primary, secondary, and tertiary interventions** throughout the healthcare sector to protect employees against burnout and enable those returning from absence because of the condition to do so effectively and safely.

- **Primary level interventions** are those that tackle the root causes of burnout. It is crucial to ensure workload is manageable, adequate support is available, leadership is compassionate, inclusive, and ethical and staff are recognised and rewarded for their work and achievements. Training managers to support the wellbeing of their staff, identify early signs of burnout and encourage help-seeking are also particularly important.
- **Secondary level interventions** focus on improving people's ability to cope with the challenging aspects of their roles. Particularly effective strategies include enhancing opportunities for peer support, promoting self-compassion and self-care, providing

training in a range of stress management tools, and helping staff maintain a healthy balance between their work and personal life.

- **Tertiary level interventions** focus on treatment and encourage a safe and healthy return to work. These include taking a person-centred approach to identifying the factors that contributed to burnout and taking appropriate steps to address them.

With burnout being such a pressing issue in healthcare, occupational health, the specialist and expert field of health and wellbeing at work, will be a crucial part of the solution.

The UK is in a fortunate position, with specially trained occupational health professionals, but more investment is needed to expand this workforce through the newly announced workforce plan. SOM is calling for universal occupational health access and will continue to press for more provision until everyone, whether they work in healthcare or in other industries, has the coverage they need to be healthy and happy at work.

Read the Report – ***Burnout in healthcare: risk factors and solutions***

Standards for the education, training and preceptorship of reporting practitioners in adult chest X-ray

JULY 25, 2023

Royal College of Radiologists (RCR); 2023.

Clinical imaging services play a pivotal role in the diagnosis, treatment and monitoring of various disease processes and injuries. Patients are referred to imaging services for assistance in both diagnosis and deciding on the best subsequent management of a patient's condition. Imaging services are therefore vital for the delivery of effective health and social care. Chest radiographs are a high-volume test, with nearly 7 million performed annually in England. Patients who have a chest X-ray (CXR) performed require accurate and timely results.

The value and benefits of effective team working to deliver clinical imaging services are well known. The 2020 Diagnostics: Recovery and Renewal report sets out the principles and arrangements for providing high-quality patient care within multiprofessional teams. The current document defines the education and training required for all members of the multiprofessional team who report CXRs within a clinical imaging service. It is expected that other CXR reporters operating outside of a clinical imaging service should follow the same standards for education and training to ensure that they are trained to the same level of overall competence. Any practitioner who is reporting an adult CXR formally should fulfil the criteria in this document.

Read the document – ***Standards for the education, training and preceptorship of reporting practitioners in adult chest X-ray***

Getting the fundamentals right: how to better prepare for discharge pressures next winter

JULY 25, 2023

Nuffield Trust – 24th July 2023

Delayed discharges, where a patient is medically fit to leave hospital but is not discharged, were a particular problem in England last winter. In this long read, Camille Oung highlights some possible solutions to help better prepare health and care services for discharge pressures next winter.

Further information – ***Getting the fundamentals right: how to better prepare for discharge pressures next winter***

Informed, heard, empowered: placing women at the heart of reproductive health policy

JULY 25, 2023

Bayer UK

This report from pharmaceutical company Bayer UK calls for a woman-centred and evidence-based approach to supporting women in maintaining optimal sexual and reproductive health, identifying a series of recommendations that could ultimately lead to higher quality, more accessible and more consistent care for women across the UK.

Read the Report – ***Informed, heard, empowered: placing women at the heart of reproductive health policy***

Clinical guide for front line staff to support the management of patients with a learning disability and autistic people – relevant to all clinical specialties

JULY 25, 2023

NHS England – 24th July 2023

This guidance supports healthcare professionals deliver good quality care for people with a learning disability and autistic people.

Clinical guide for front line staff to support the management of patients with a learning disability and autistic people – relevant to all clinical specialties

Pregnancy Loss Review: Independent Report

JULY 25, 2023

Department of Health and Social Care – 23rd July

The Pregnancy Loss Review Group was commissioned to consider the:

- registration and certification of pregnancy loss occurring before 24 weeks' gestation
- quality of National Health Service care

The review was led by 2 independent experts: Zoe Clark-Coates MBE BCAh and Samantha Collinge RM.

The review looks at options to improve NHS gynaecology and maternity care practice for parents who experience a miscarriage, ectopic pregnancy, molar pregnancy or termination for medical reasons.

It makes 73 recommendations, which are intended to support the government and the NHS in creating a forward-looking approach to improve the safety and care experience for all those who have a pre-24-week baby loss.

The independent Pregnancy Loss Review meets the requirement set out in the Civil Partnerships, Marriages and Deaths (Registration etc) Act 2019. This act requires the Secretary of State for Health and Social Care to publish a report on whether the law should be changed to require or permit the registration of pregnancy losses that cannot be registered as still-births under the Births and Deaths Registration Act 1953.

The government response to the independent Pregnancy Loss Review sets out the immediate actions government will be taking

in the short term in response to the recommendations made in the review.

Read the Report – ***Pregnancy Loss Review: care and support when baby loss occurs before 24 weeks' gestation (print-ready)***

government response to the independent Pregnancy Loss Review

A covenant for health: policies and partnerships to improve our national health in 5 to 10 years

JULY 21, 2023

A report led by Geoffrey, Lord Filkin CBE with Professor Kate Ardern; James, Lord Bethell; David Buck, The King's Fund; Dr Paul Corrigan CBE, former Health Adviser, No 10;Professor Sian Griffiths CBE; and Professor David Halpern CBE, Behavioural Insights Team, with project support from The King's Fund

There is an opportunity to make significant improvements to the health of the nation in just five to ten years, benefiting millions of people, society, the economy and health systems. This report explains where and how to do so. The report was led by Lord Geoffrey Filkin CBE with Professor Kate Ardern; Lord James Bethell; David Buck, The King's Fund; Dr Paul Corrigan CBE, former Health Adviser, No 10; Professor Sian Griffiths CBE; and Professor David Halpern CBE, Behavioural Insights Team, with project support from The King's Fund.

Read the Report – ***A covenant for health: policies and partnerships to improve our national health in 5 to 10 years***

The King's Fund responds to a new report 'A covenant for health: policies and partnerships to improve our national health in 5 to 10 years'

Improving Regulation for the Future – NHS Providers survey

JULY 21, 2023

NHS Providers

This report sets out the findings of NHS Providers' eighth annual regulation survey, which explores NHS trusts' and foundation trusts' experiences of regulation. We asked respondents to reflect on their experience of regulation during 2022/23, with a specific focus on the roles of CQC and NHSE.

This year's survey was carried out between April and May 2023, against a backdrop of severe challenges relating to performance, finances, ongoing industrial action, and staff burnout.

This year also marks the first anniversary of the establishment of integrated care systems (ICSs) in law. The Hewitt Review recently reflected on how the oversight and governance of ICSs could enable them to succeed, balancing greater autonomy and robust accountability. Meanwhile, the CQC and NHSE have been adapting their own regulatory approaches within a new system environment, by making changes to their assessment, oversight and operating frameworks.

Read the Report – ***Improving Regulation for the Future***

NHS Confederation responds to NHS Providers report 'Improving Regulation for the Future'

Maternity and neonatal services in East Kent report: government response

JULY 20, 2023

Department of Health and Social Care – 20th July 2023

In February 2020, NHS England commissioned Dr Bill Kirkup to undertake an independent review into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust. –

In his report, Dr Bill Kirkup made 5 recommendations for the healthcare system. In March 2023, the government provided an interim response to the report via a written ministerial statement. This is a full response which details how we are implementing the recommendations.

This response is for the healthcare system, the families involved in the inquiry and all who hold an interest in and receive care from maternity and neonatal services in England.

Further information – ***Government response to 'Reading the signals: maternity and neonatal services in East Kent – the report of the independent investigation'***

Background Report – ***Reading the signals: maternity and neonatal services in East Kent – the report of the independent investigation (print ready)***

Background – ***Three year delivery plan for maternity and neonatal services***

Building capacity and capability for quality improvement: developing an organisational approach

JULY 20, 2023

British Journal of Healthcare Management 29(6), pp. 1-14

:There has been an increase in the adoption of quality improvement methods to tackle complex problems in healthcare. One of the key requisites for sustainable quality improvement is ensuring that organisations have the capacity and capability to make these changes effectively. This article uses a case study methodology to describe the learning
from 9 years of developing, delivering and evaluating quality improvement learning programmes at East London NHS Foundation Trust. The key quality improvement learning programmes are evaluated using a Kirkpatrick framework across four levels: reaction, learning, behaviour and outcomes. Five key principles were identified: using a dosing approach; standardising development, delivery and evaluation; developing a community to support learners; making training relevant; and the importance of leadership. However, the authors believe that more research is needed to develop standardised approaches to evaluating quality improvement capability building and to understand why some quality improvement projects are less successful than others.

Further information –***Building capacity and capability for quality improvement: developing an organisational approach***

NHS Improvement: Annual report and accounts 2022 to 2023

JULY 20, 2023

NHS England – July 2023

Annual report and accounts for NHS Improvement. A review of performance, governance statement, and the annual

accounts for the financial year 1 April 2022 to 31 March 2023.

NHS Improvement is the operational name for the organisation that brings together Monitor and NHS Trust Development Authority (NHS TDA).

Monitor annual report and accounts 2022 to 2023

NHS Trust Development Authority annual report and accounts 2022 to 2023

Human Medicines Regulations 2012 Advisory Bodies Annual Report 2022

JULY 20, 2023

Commission on Human Medicines – 19th July 2023

Annual Report of the Human Medicines Regulations 2012 Advisory Bodies – the Commission on Human Medicines (CHM) and the British Pharmacopoeia Commission.

Human Medicines Regulations 2012 Advisory Bodies Annual Report 2022

Medicines and Healthcare Products Regulatory Agency Annual Report and Accounts 2022 to 2023

JULY 20, 2023

Medicines and Healthcare products Regulatory Agency – 19th July 2023

The Medicines and Healthcare products Regulatory Agency annual report and accounts 2022 to 2023 were laid in Parliament on 19 July 2023. It provides an overview of our performance and the events that have had most impact on the Agency during the past year.

Medicines and Healthcare Products Regulatory Agency Annual Report and Accounts 2022 to 2023

The importance of non-patient facing NHS services in patient safety

JULY 20, 2023

HDSIB – 19th July 2023

In the context of patient safety, there is often more to see 'behind-the-scenes' in non-patient facing services. These services may be less visible, but they play a vital part in ensuring patient safety. Understanding the importance of these services, and how they are crucial to the ability of the NHS to operate effectively, is often underestimated.

Further information – ***The importance of non-patient facing NHS services in patient safety***

NHS Blood and Transplant annual report and accounts: 2022 to 2023

JULY 19, 2023

NHSBT – July 2023

This report details the performance of NHS Blood and Transplant (NHSBT) in the year 2022 to 2023, and outlines key objectives and risks.

Read the Report – ***NHS Blood and Transplant annual report and accounts: 2022 to 2023***

World Heart Report 2023: Confronting the World's Number One Killer

JULY 19, 2023

World Heart Federation (WHF) – 2023

This first-ever World Heart Report is aimed at equipping policymakers and advocates around the world with the information needed to help reduce CVD deaths and accelerate progress in cardiovascular health. The report findings highlight the main differences between geographies in terms of CVD burden and risk factors, as well as structural barriers and inequities in CVD health, with the goal of guiding policymakers at national and international levels toward the priorities they should seek to address.
Key policies to tackle CVD and its risk factors are also summarized. Future World Heart Reports, along with WHF's data hub the World Heart Observatory8, will aim to provide easy access to CVD data to inform research and advocacy.

The report begins with a comprehensive overview of the main dimensions of cardiovascular health, bringing together epidemiological, policy and economic data. It then provides assessment of policy implementation through the
WHF Policy Index, and provides relevant policy recommendations. Throughout the report, the latest comprehensive
sources for which data disaggregated by country, age and sex are available have been used. (Appendix Figure 1). Global, regional9, and country level estimates from 2019 relevant to atherosclerotic CVDs10 are presented in this report, as these are the most comprehensive and recent data set available.

Read the Report – ***World heart report 2023***

Acute inpatient mental health care for adults and older adults

JULY 19, 2023

NHS England – July 2023

Guidance to support the commissioning and delivery of timely access to high quality therapeutic inpatient care, close to home and in the least restrictive setting possible.

Further information – ***Acute inpatient mental health care for adults and older adults***

Annual report and accounts 2021/22 – CQC

JULY 19, 2023

CQC – July 2023

Our ambition is set out in our strategy, published in 2021. What we have learned from the past 5 years puts us in a better position for the future. Our new strategy combines this learning and experience, and is further enhanced through valuable contributions from the public, service providers and all our partners.
Delivering on our strategy means our regulation will be more relevant to the way care is now delivered, and more flexible to manage risk and uncertainty. It will enable us to respond in a quicker and more proportionate way as the health and care environment continues to evolve. Our purpose and our role as a regulator won't change – but how we work will be different.
Our strategic ambitions are set out under 4 themes: people and communities, smarter regulation,
safety through learning, and accelerating improvement. Running through each theme are 2 core ambitions: assessing local systems and tackling inequalities in health and care.

Read the Report – ***Annual report and accounts 2021/22 – CQC***

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A range of resources and support is available at DBTH to help you with your improvement and innovation work. Quality Improvement (Qi) means identifying areas where care could be improved, where patient pathways could be made more effective, where things aren't working as well as they could be, or where there are different better ways possible. A quality improvement project enables changes using a simple structured framework, which results in visible and effective improvement.

See the Qi webpage for details about a toolkit to help you, support available from the team, training and links to useful resources too. https://extranet.dbth.nhs.uk/quality-improvement-qi/

This bulletin is repurposed from the Innovation & Improvement Bulletin by The Rotherham NHS Foundation Trust (https://innovationandimprovement.wordpress.com/)