



On the Radar

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On the Radar

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Reports

Detailed requirements for quality reports 2014/15
Monitor
London: Monitor; 2015.

URL	https://www.gov.uk/government/publications/nhs-foundation-trusts-requirements-for-quality-reports-201415
Notes	In the UK, NHS foundation trusts must include a report on the quality of care they provide in their annual report to improve public accountability. This document describes the detailed requirements for the quality report. Monitor also provides further guidance, including the <i>Annual reporting manual 2014/15</i> (guidance for NHS foundation trusts on producing their 2014/15 annual reports and accounts) and <i>Detailed guidance for external assurance on quality reports</i> (how NHS foundation trusts and their auditors should carry out checks on 2013/14 quality reports).

Freedom to speak up. An independent review into creating an open and honest reporting culture in the NHS

Sir Robert Francis QC

London, 2015. p. 223.

URL	https://freedomtospeakup.org.uk/
TRIM	D15-5040
Notes	<p>Following his inquiry into the Mid-Staffordshire NHS Foundation Trust, Sir Robert Francis was commissioned to undertake an independent review of the culture in the NHS. This report sets out 20 Principles and related Actions which aim to create the right conditions for NHS staff to speak up, share what works right across the NHS and get all organisations up to the standard of the best and provide redress when things go wrong in future. The Principles are:</p> <ol style="list-style-type: none"> 1. Culture of safety: Every organisation involved in providing NHS healthcare, should actively foster a culture of safety and learning, in which all staff feel safe to raise concerns. 2. Culture of raising concerns: Raising concerns should be part of the normal routine business of any well led NHS organisation. 3. Culture free from bullying: Freedom to speak up about concerns depends on staff being able to work in a culture which is free from bullying and other oppressive behaviours. 4. Culture of visible leadership: All employers of NHS staff should demonstrate, through visible leadership at all levels in the organisation, that they welcome and encourage the raising of concerns by staff. 5. Culture of valuing staff: Employers should show that they value staff who raise concerns, and celebrate the benefits for patients and the public from the improvements made in response to the issues identified. 6. Culture of reflective practice: There should be opportunities for all staff to engage in regular reflection of concerns in their work. 7. Raising and reporting concerns: All NHS organisations should have structures to facilitate both informal and formal raising and resolution of concerns. 8. Investigations: When a formal concern has been raised, there should be prompt, swift, proportionate, fair and blame-free investigations to establish the facts. 9. Mediation and dispute resolution: Consideration should be given at an early stage to the use of expert interventions to resolve conflicts, rebuild trust or support staff who have raised concerns. 10. Training: Every member of staff should receive training in their organisation’s approach to raising concerns and in receiving and acting on them. 11. Support: All NHS organisations should ensure that there is a range of persons to whom concerns can be reported easily and without formality. They should also provide staff who raise concerns with ready access to mentoring, advocacy, advice and counselling. 12. Support to find alternative employment in the NHS: Where a NHS worker who has raised a concern cannot, as a result, continue in their current employment, the NHS should fulfil its moral obligation to offer support. 13. Transparency: All NHS organisations should be transparent in the way they exercise their responsibilities in relation to the raising of concerns, including the use of settlement agreements.

	<p>14. Accountability: Everyone should expect to be held accountable for adopting fair, honest and open behaviours and practices when raising or receiving and handling concerns. There should be personal and organisational accountability for:</p> <ul style="list-style-type: none"> • poor practice in relation to encouraging the raising of concerns and responding to them • the victimisation of workers for making public interest disclosures • raising false concerns in bad faith or for personal benefit • acting with disrespect or other unreasonable behaviour when raising or responding to concerns • inappropriate use of confidentiality clauses <p>15. External Review: There should be an Independent National Officer (INO) resourced jointly by national systems regulators and oversight bodies and authorised by them to carry out the functions described in this report.</p> <p>16. Coordinated Regulatory Action: There should be coordinated action by national systems and professional regulators to enhance the protection of NHS workers making protected disclosures and of the public interest in the proper handling of concerns.</p> <p>17. Recognition of organisations: CQC should recognise NHS organisations which show they have adopted and apply good practice in the support and protection of workers who raise concerns.</p> <p>18. Students and Trainees: All principles in this report should be applied with necessary adaptations to education and training settings for students and trainees working towards a career in healthcare.</p> <p>19. Primary Care: All principles in this report should apply with necessary adaptations in primary care.</p> <p>20. Legal protection should be enhanced.</p>
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Culture change in the NHS: Applying the lessons of the Francis Inquiries

Department of Health (UK)

London: Department of Health; 2015. p. 65.

URL	https://www.gov.uk/government/publications/culture-change-in-the-nhs
TRIM	D15-5053
Notes	<p>Also stemming from the Mid Staffordshire Enquiry and focused on culture is this report (and related resources) from the UK’s Department of Health. These documents describe the progress made in applying the lessons learned from the failings at Mid Staffordshire NHS Foundation Trust.</p> <p>The report suggests that much has been done since the public inquiry into Mid Staffs, and that the improvements made since must be sustained and embedded for the future and applied equally and rigorously across all sectors of the health and care system. Each chapter sets out the main areas where further action is needed to ensure that safe, effective and compassionate care is the norm.</p> <p>The supporting annex sets out in detail the substantial progress made against the 290 recommendations of the Francis report.</p>

Transforming Patient Safety: A sector-wide systems approach. Report of the WISH Patient Safety Forum 2015

Pronovost PJ, Ravitz AD, Stoll RA, Kennedy SB

Qatar: WISH (World Innovation Summit for Health); 2015. p. 52.

URL	http://www.wish.org.qa http://dnpnfts5nbrdps.cloudfront.net/app/media/download/1430
Notes	<p>The World Innovation Summit for Health (WISH) is an initiative of Qatar Foundation for Education, Science and Community Development. WISH considers itself to be “a global healthcare community dedicated to capturing and disseminating the best evidence-based ideas in healthcare, providing global solutions that will save both lives and much needed resources”.</p> <p>This report is intended to challenge the issue of patient safety by “by identifying reasons for the on-going heartbreak of preventable harm in healthcare and offering solutions to bridge the gaps prevalent in today’s approach to Patient Safety.”</p> <p>The report concludes with “four initial steps to position and prepare the healthcare community to move forward:</p> <ol style="list-style-type: none"> 1. Develop a patient safety declaration and have nations pledge commitment and resources. 2. Convene a panel of transdisciplinary subject-matter experts to classify and quantify the appropriate definitions and metrics for preventable patient harms, to ensure consistency in tracking and reporting throughout the global healthcare system. 3. Engage the systems engineering community to help describe the various constructs for the multiple system integrators (and their associated responsibilities) that are needed in the healthcare system. 4. Identify candidate nations and local organizations, representing varying levels of industrial and socio-economic development. Work with relevant stakeholders in those systems to create concepts of operation (CONOPS) and requirements for holistic patient safety solutions that are tailored to their specific culture and available resources.”

The Value-based Hospital: A transformation agenda for health care providers

Hansson E, Spencer B, Kent J, Clawson J, Meerkatt H, Larsson S

Boston: Boston Consulting Group; 2014. p. 28.

URL	https://www.bcgperspectives.com/content/articles/health_care_payers_providers_transformation_large_scale_change_transformation_agenda/
Notes	<p>Report from the global management consulting group drawing on their experience of working with various hospitals and health systems. They argue that the approach of a ‘value-based hospital’ represents a transformation of the way hospitals are operated. The authors argue that this approach is “a far more effective way of delivering health care and running a provider organization—one that puts patients and their outcomes at the center of a hospital’s operations; that relies on the engagement, leadership, and cooperation of the hospital’s clinical community; and that makes possible a more constructive interaction between hospital management and clinicians as they take joint responsibility for the delivery of cost-effective, quality care.”.</p>

Journal articles

Knowing when to stop antibiotic therapy

Gilbert GL

Medical Journal of Australia. 2015;202(3):121-2.

DOI	http://dx.doi.org/10.5694/mja14.01201
Notes	In this piece, Gilbert argues that empiric antibiotic therapy that turns out to be unnecessary can (and should) be stopped immediately. Her conclusion is backed by two key arguments: that it improves our antibiotic use and that it reduces the risk of developing antimicrobial resistance. We need to stop unnecessary antibiotic therapy because after 50 years of widespread antibiotic use, experts predict a “post-antibiotic” era and label antimicrobial resistance a threat to global security.

Antimicrobial stewardship resources and activities for children in tertiary hospitals in Australasia: a comprehensive survey

Bryant PA, on behalf of the Australasian Stewardship of Antimicrobials in Paediatrics group

Medical Journal of Australia. 2015;202(3):134-8.

DOI	http://dx.doi.org/10.5694/mja13.00143
Notes	<p>Paper reporting on a study aimed at identifying current gaps in antimicrobial stewardship (AMS) services for children in hospitals in Australia and New Zealand. While guidelines exist for implementing AMS programs in hospitals, there is little information about what is being implemented specifically for children. The authors found that some AMS services have been implemented for children, such as audits of antimicrobial use and monitoring antimicrobial resistance. Barriers to successful implementation included lack of education and lack of personnel.</p> <p>In June 2013, 14 tertiary hospitals with paediatric bed numbers ranging from 40 to 300 in every Australian state and territory and, the North and South Islands of New Zealand were surveyed about AMS resources and activities. In addition to the main results, the survey also showed that 7 hospitals had a dedicated paediatric AMS team or an AMS team with a paediatric representative. All 14 hospitals had empirical antimicrobial prescribing guidelines and restricted antimicrobials but only 4 had electronic approval systems. Eleven hospitals had an AMS pharmacist position, although only 4 had committed ongoing funding for it. And only 2 hospitals had committed funding for an AMS paediatric infectious disease physician.</p>

For information on the Commission’s work on healthcare associated infections, including antimicrobial stewardship, see www.safetyandquality.gov.au/our-work/healthcare-associated-infection/

European Journal of Public Health

Volume 25 Suppl 1, February 2015

URL	http://eurpub.oxfordjournals.org/content/25/suppl_1?etoc
Notes	<p>This supplement of the <i>European Journal of Public Health</i> is titled ‘Unwarranted variations in health care performance across Europe: Lessons from the ECHO Project’. Articles in this supplement include:</p> <ul style="list-style-type: none">• Editorial: Variations in health care delivery within the European Union (Salvador Peiró, Alan Maynard)

	<ul style="list-style-type: none"> • ECHO: health care performance assessment in several European health systems (E Bernal-Delgado, T Christiansen, K Bloor, C Mateus, A M Yazbeck, J Munck, J Bremner) • Comparing variation across European countries: building geographical areas to provide sounder estimates (Lau C Thygesen, Cristobal Baixauli-Pérez, Julián Librero-López, Natalia Martínez-Lizaga, Manuel Ridao-López, Enrique Bernal-Delgado) • Comparing the performance of the Charlson/Deyo and Elixhauser comorbidity measures across five European countries and three conditions (Nils Gutacker , Karen Bloor , Richard Cookson) • Socioeconomic inequality in hip replacement in four European countries from 2002 to 2009—area-level analysis of hospital data (Richard Cookson, Nils Gutacker, Sandra Garcia-Armesto, Ester Angulo-Pueyo, Terkel Christiansen, Karen Bloor, Enrique Bernal-Delgado) • Comparing hospital performance within and across countries: an illustrative study of coronary artery bypass graft surgery in England and Spain (Nils Gutacker, Karen Bloor, Richard Cookson, Sandra Garcia-Armesto, Enrique Bernal-Delgado) • Potentially avoidable hospitalizations in five European countries in 2009 and time trends from 2002 to 2009 based on administrative data (Lau C. Thygesen, Terkel Christiansen, Sandra Garcia-Armesto, Ester Angulo-Pueyo, Natalia Martínez-Lizaga, Enrique Bernal-Delgado) • Potential of geographical variation analysis for realigning providers to value-based care. ECHO case study on lower-value indications of C-section in five European countries (Sandra García-Armesto, Ester Angulo-Pueyo, Natalia Martínez-Lizaga, Céu Mateus, Inês Joaquim, Enrique Bernal-Delgado) • Measuring hospital efficiency—comparing four European countries (Céu Mateus, Inês Joaquim, Carla Nunes) • Commentary: Translating ECHO findings into practice: lessons from local dissemination groups (Jeni Bremner, Olivia Dix, Paul Giepmans)
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For information on the Commission’s work on variation in health care, see www.safetyandquality.gov.au/our-work/variation-in-health-care/

BMJ Quality and Safety online first articles

URL	http://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • The effect of the SQUIRE (Standards of Quality Improvement Reporting Excellence) guidelines on reporting standards in the quality improvement literature: a before-and-after study (Victoria Howell, Amanda Eva Schwartz, James Daniel O’Leary, Conor Mc Donnell)

International Journal for Quality in Health Care online first articles

URL	http://intqhc.oxfordjournals.org/content/early/recent?papetoc
Notes	<p><i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Quality of care for hip and knee osteoarthritis at family medicine clinics: lessons from Mexico (Svetlana V Doubova and Ricardo Perez-Cuevas)

Online resources

Spotlight on patient-centred care

<http://www.bmj.com/patient-spotlight>

The BMJ has produced this site for a series of articles on patient centred care that explore how doctors and patients can work collaboratively to improve the way healthcare is designed and delivered so that it better meets the needs and priorities of patients. The site also includes audio and other resources, including commentaries on the articles. Articles already available include:

- *Time to deliver patient centred care*
- *New South Wales mounts “patient based care” challenge*
- *US experience with doctors and patients sharing clinical notes*
- *Delivering person centred care in long term conditions*
- *Patient reported outcome measures in practice*
- *From patient centred to people powered: autonomy on the rise*
- *Patient communities reform healthcare in India*
- *Patients and staff as codesigners of healthcare services*
- *Decision aids that really promote shared decision making: the pace quickens*
- *Seeing things from the patients' view: what will it take?*

[UK] What is person-centred care?

<http://www.health.org.uk/multimedia/video/person-centred-care-made-simple/>

<http://youtu.be/6Dk3CV-Wt38>

The UK's Health Foundation has produced this short animation providing a quick overview of person-centred care, exploring what it is and why it's important. This is a companion to their recent *Person-centred care made simple* publication.

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