This bulletin collates information from key resources relating to quality improvement. These are presented by source to assist in the aim of continuously improving the quality of care and outcomes for patients.

**The NHS Long Term Plan**


Extracts from the *NHS Long Term Plan* published in January 2019 calling for an “increased investment in Quality Improvement (QI)” and for staff to have the QI skills and methodology to improve care, implement best practices and reduce variations in performance.

“6.16. We have worked with staff across the NHS to identify opportunities to deliver more effective patient care. Our approach is to deliver clinically-led improvement and put the patient in the heart of the system. We deliver this through an approach called Getting It Right First Time (GIRFT). GIRFT will combine with other clinically-led programmes such as NHS RightCare and an increased investment in Quality Improvement (QI) to accelerate work to end unjustified clinical practice variation.” (p.104)

“6.19 ... By investing in QI, we will ensure our staff have the skills and methodology to simultaneously improve care and reduce costs. Reducing unwarranted variation will be a core responsibility of ICSs [Integrated Care Systems]. We expect all ICSs, supported by our national programmes, to bring together clinicians and managers to implement appropriately standardised evidence-based pathways.” (p.108)

“7.6. Delivering the Long Term Plan will rely on local health systems having the capability to implement change effectively. Systematic methods of Quality Improvement (QI) provide an evidence-based approach for improving every aspect of how the NHS operates. Through developing their improvement capabilities, including QI skills and data analytics, systems will move further and faster to adopt new innovations and service models and implement best practices that can improve quality and efficiency and reduce unwarranted variations in performance. A programme to build improvement capability is established in around 80% of the trusts rated ‘outstanding’ by the CQC. We will, in partnership with the Health Foundation, support an increase in the number of ICSs building improvement capability to implement new ideas and practices.” (p.111)

**GIRFT Getting It Right First Time**

Spinal Services: GIRFT Programme National Specialty Report

[http://gettingitrightfirsttime.co.uk/girft-reports/](http://gettingitrightfirsttime.co.uk/girft-reports/)

**HQIP Healthcare Quality Improvement Partnership**

National Clinical Audit of Seizures and Epilepsies for Children and Young People (2018)


National Diabetes Transition Audit 2011-2017

National Maternity and Perinatal Audit – Intensive Care Report

National Maternity and Perinatal Audit – Neonatal Report

Throwing the baby out with the bathwater? Why calls for a national quality improvement programme overlook the debt owed to clinical audit.

Atlas of Shared Learning – Case Studies

Improving diabetes care at Mid Cheshire Hospitals NHS Foundation

Addressing “unwarranted variation in ‘length of stay’ for diabetic inpatients”.

Improving the quality of care for neonatal patients [Great Ormond Street Hospital NHS Foundation Trust]

“… audit results highlighted unwarranted variation in core care requirements across the wards that received neonatal patients, particularly those that did not frequently care for this patient cohort. Three key areas for improvement were identified, which led to the initiation of a Trust-wide QI project. The areas for improvement were: Jaundice care, Newborn Bloodspot screening and intravenous fluid therapy.”

Introducing a children’s health smartphone app at Walsall Healthcare NHS Trust

Quality improvement using the principles of the Leading Change, Adding Value framework [South West London and St George’s Mental Health NHS Trust]

Safety on board – reducing risk [Solent NHS Trust]

Communicating risks during patient handover on a neuro-rehabilitation ward.

‘When a child dies’; the development of a collaborative education programme to enhance care and support [Great Ormond Street Hospital NHS Foundation Trust]

NHS Improvement

Improving pre-meal patient hand hygiene compliance; A quality improvement collaborative. (NICE Guidance - Shared learning case study; NHS Improvement | George Eliot Hospital NHS Trust)

Relates to:
Patients at George Eliot Hospital NHS Trust (GEH) identified that patient compliance/knowledge associated with pre-meal hand hygiene (PMHH) was poor; 13%. A health economy quality improvement (QI) collaborative to improve PMHH compliance was undertaken supporting both the National agenda to reduce Gram negative infections and safeguard patients from avoidable harm.

**BMJ Quality and Safety**

Below are the contents pages from 2 journals, BMJ Quality & Safety and BMJ Open Quality, containing articles relevant to quality improvement (QI).

### BMJ Quality & Safety

- [https://qualitysafety.bmj.com/](https://qualitysafety.bmj.com/)
- RSS - [http://qualitysafety.bmj.com/rss/current.xml](http://qualitysafety.bmj.com/rss/current.xml)

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#### ORIGINAL RESEARCH

- Impact of a national QI programme on reducing electronic health record notifications to clinicians
- Patient participation in inpatient ward rounds on acute inpatient medical wards: a descriptive study
- Virtual outpatient clinic as an alternative to an actual clinic visit after surgical discharge: a randomised controlled trial
- Standardisation of perioperative urinary catheter use to reduce postsurgical urinary tract infection: an interrupted time series study
- Speaking up about patient safety concerns: the influence of safety management approaches and climate on nurses’ willingness to speak up
- Rate of avoidable deaths in a Norwegian hospital trust as judged by retrospective chart review
- Michigan Appropriate Perioperative (MAP) criteria for urinary catheter use in common general and orthopaedic surgeries: results obtained using the RAND/UCLA Appropriateness Method

#### RESEARCH AND REPORTING METHODOLOGY

- Addressing the challenges of knowledge co-production in quality improvement: learning from the implementation of the researcher-in-residence model

#### SYSTEMATIC REVIEW

- Characteristics of healthcare organisations struggling to improve quality: results from a systematic review of qualitative studies

#### QUALITY & SAFETY IN THE LITERATURE

- Quality & safety in the literature: January 2019
### BMJ Open Quality

**Full-text articles freely available.**

**RSS** - http://bmjopenquality.bmj.com/rss/current.xml

### LATEST CONTENT – January 2019

**BMJ QUALITY IMPROVEMENT REPORT**

- **All change: a stroke inpatient service’s experience of a new clinical neuropsychology delivery model**
- **Putting veterans with heart failure FIRST improves follow-up and reduces readmissions**

**ORIGINAL ARTICLE**

- **Selecting topic areas for developing quality standards in a resource-limited setting**
- **Albuminuria measurement in diabetic care: a multilevel analysis measuring the influence of accreditation on institutional performance**
- **Patient vs provider perspectives of 30-day hospital readmissions**
- **Validation of a Norwegian version of SURgical PAtient Safety System (SURPASS) in combination with the World Health Organizations’ Surgical Safety Checklist (WHO SSC)**

**CORRECTION**

- **Correction: Patient-centred improvement to repeat prescribing using the always event concept**

Abstracts from the Institute for Healthcare Improvement (IHI) *Scientific Symposium on Improving the Quality and Value of Health Care*, 10 December, 2018, in Orlando, Florida

[https://bmjopenquality.bmj.com/content/7/Suppl_1](https://bmjopenquality.bmj.com/content/7/Suppl_1)

### Other journal articles

Occasionally, we’ll highlight articles on QI methods and audit to drive quality improvement. These articles have been published recently in journals which are not featured regularly in this bulletin. Please contact the Library to request a literature search in your specialism.


"Learning from big datasets such as the National Clinical Audits in the UK is beginning to shift the focus to a quality improvement approach that focuses on identifying and understanding unwanted variation in the local context; developing and testing possible solutions, and moving from one-off change to multiple cycles of change.34a

34. Royal College of Physicians. Unlocking the potential. Supporting doctors to use national clinical audit to drive improvement. April 2018.


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From the Institute for Healthcare Improvement

2 Tools [run charts and control charts] to Understand Variation in Your Improvement Journey

Focus Your Time and Energy on What Matters Most with Pareto Charts
Blog post by Patty Webster | Thursday, January 31, 2019

Get Your Priorities Straight: Tips for Using Safety Huddles
Blog post by Kathy Duncan | Thursday, January 10, 2019
http://www.ihi.org/communities/blogs/get-your-priorities-straight-tips-for-using-safety-huddles

If at First You Don’t Succeed: Meeting the Ongoing Challenge of Continuous Improvement
Blog post by Mark Hamilton | Friday, January 11, 2019

Building QI capacity and capability at St. George’s University Hospitals NHS Foundation Trust.

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For more Quality Improvement news and resources please see our:

- Quality Improvement subject guide
- Health Management bulletin
- Netvibes RSS feeds

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