

Quality Matters

Issue #2 September 2026



A note from our Director: Professor Karen Jones

Welcome to our autumn newsletter.

As we head into a new academic year here at Kent, it is a good time to pause and reflect on the progress we have made across the PRU. The programme has real momentum, with colleagues working on a wide range of exciting research and engagement activity.

Some highlights include:

- Interviews for the **Better Care Fund (BCF) project** are coming to an end; analysis has begun.
- **Outcome indicator for integrated care systems project** - invitations for the first Delphi survey have been circulated among stakeholders.
- **Information and indicators to support good choices project** - a scoping review has been completed, and a paper is being developed.
- Interviews for the **Carers' outcomes and actions when a person they care for has been harmed by the NHS and/or social care project** have been completed and analysed.
- A **new responsive project** aims to recommend the best way [best research methods] to estimate how often deaths are avoidable in the NHS.
- Colleagues continue to **attend events and disseminate research findings** – see Sne's reflections on attending the 19th Annual Health Services Research (HRS UK) Conference.

It is fantastic to see the breadth of work taking place across the PRU and, importantly, the connections being made between our different areas of research. Don't miss the story of patient impact from our colleagues working on the Martha's Rule project ([see page 5](#)).

Looking ahead, we are also excited to be planning a mid-programme PRU event in December. This will be an opportunity to bring colleagues together in person, share our progress, and explore connections across the programme: **8th December 2026** – we will share more details shortly.

We also have an exciting development coming soon: a new PRU website. We want this to provide a strong showcase for our work and the people behind it. To help us get this right, please send us your updated profile and a recent photograph, if you haven't already.

Finally, just a reminder that all internal resources referred to in this newsletter are available to the team via the QSO PRU SharePoint.

I hope you enjoy this edition and, as always, thank you for your continued enthusiasm, commitment and contribution to the PRU. There is lots to look forward to.

In this issue

[The Avoidable Deaths Project](#)

[EDI in Research: From Commitment to Evidence](#)

[Meet the Researcher: An Interview with Siabhann Russell](#)

[The Bridge between Two Worlds: My Journey with Martha's Rule PAG](#)

[NIHR Brand Refresh](#)

[Patient and Public Involvement and Engagement- What PPIE support is available in NIHR QSO PRU?](#)

[World Patient Safety Day](#)

[Conferences](#)

[Upcoming Events](#)

[Call to Action](#)

[Keep in touch](#)



The Avoidable Deaths Project



We are pleased to announce a new project as a part of the QSO PRU.

Aims:

The main aim is to determine the best method for estimating avoidable deaths in the NHS. This will be achieved by:

1. Scoping strengths and limitations of current methods for estimating avoidable deaths in the NHS.
2. Scoping definitions of avoidable harm and scales to assess occurrence.
3. Scoping key drivers of harm.
4. Gaining stakeholder consensus, to make recommendations, on the best approach for a new study to estimate avoidable deaths.
5. Exploring experts' recommendations and suggestions for new methodological approaches, including:
 - Definitions of harm;
 - Key drivers of harm [in particular, suggestions of any key drivers that have not been considered in previous studies]
 - How to identify the cases to review [e.g. those where family or staff report a problem]
 - Potential and feasibility for collecting data across healthcare settings and populations [e.g. children, adults] for year-by-year analysis
 - Potential for analysing variations in estimates across different sociodemographic and geographical groups.

EDI in Research: From Commitment to Evidence

What works? That is an increasingly important question for Equality, Diversity and Inclusion (EDI) across research.

There is growing emphasis on moving beyond EDI commitments to evidence, evaluation, and impact. NIHR's Research Inclusion Strategy reflects this direction, seeking to reduce inequalities and improve inclusion across research teams, participants and public contributors. A recent NIHR Open Research paper, Improving Research Inclusion, focuses on what can be learned from research practice.

For PRU researchers, this creates an important opportunity to ask familiar policy research questions: what works, for whom, in what circumstances, and why? This applies not only to who takes part in research, but also to how studies are designed, whose perspectives shape research questions, and whether findings are relevant to different communities. Our EDI checklist [available on SharePoint] helps focus these questions.

The challenge now is moving beyond EDI commitments towards evidence, evaluation and impact - and building a stronger evidence base on what makes research genuinely inclusive. Do you have any ideas on how we can better evaluate and demonstrate the impact of EDI in our research? Email Amanda Roberts: A.S.Roberts@kent.ac.uk

[Read the NIHR Research Inclusion Strategy](#) | [Read Improving Research Inclusion](#)

Meet the Researcher: An Interview with Siabhann Russell

Tell us about your role and what you research.

I am a researcher at the Nuffield Department of Population Health, University of Oxford. I previously worked on looking at how devolution of social care affects the experiences of service users in Scotland, how people with learning disabilities can be supported to live full and flourishing lives and how robotics and other assistive technology can be used in health and social care, and the needs of care homes in the Thames Valley accessing non-hospital services for their residents.

What project are you currently working on?

- Carers' experience of harm.
- Developing outcome indicators for integrated care systems.
- New avoidable deaths project

Why does this research matter?

Both the current projects were areas that hadn't been looked at before and it is important to understand the needs of carers in the context of harm, as they are such a key part of supporting people following harm.

It's also very important to understand how we can measure the benefits integration in health and social care so that we can improve services for people who use them and improve ways of working for health and social care professionals.

What first sparked your interest in this area?

I'm a permanent wheelchair user who needs a carer, or Personal Assistant (PA) all the time, so I am always interested in how people who provide support, whether that's as unpaid, or paid carers, experience caring and how it can be made better, and how they came to be a carer.

What's the most rewarding part of your job?

Finding out new things about people's experiences with the health and social care system.

What's something people might be surprised to learn about your work?

How many people are carers and also how many people do caring and support roles but don't necessarily realise that they are carers and the kind of support that could be open to them.



What's a typical day like for you?

No such thing as a typical day! But most days involve learning new things.

What's one thing colleagues might be surprised to learn about you?

How short I am [58 inches of trouble] since most people only ever see me sitting down in my wheelchair and, perhaps less surprising, I like detective novels.

Quick fire: Tea or coffee? Favourite way to unwind?

Like Tea, but love hot chocolate [special mix of 4 parts 50% cocoa, 2 parts 33% white vanilla, and one part 100% flaked chocolate, mixed in a milk frother]. Unwinding with a murder mystery (and a hot chocolate...)

Describe yourself in three words.

I asked my PA to do this, he said "short, wheeled, menace, 😊" And then added that since he was an engineer, he started counting at zero and the smiley face counts...

The Bridge Between Two Worlds: My Journey with the Martha's Rule PAG

Jacquie Kiltie: Member of the Formative Evaluation of Martha's Rule Patient and Public Advisory Group

For many years, my identity was inextricably tied to my work in medicine. However, following a severe head injury, years of illness and finally a period of critical illness that left me in the ICU and then that identity vanished.

I found myself in a landscape of marginalisation and disability, struggling to reconcile the clinician I had been with the patient I had become. After years of trying to "get my life back," I reached a crossroads where I realised that "the old me" was gone, and I had to learn to live before it was too late.

At this vulnerable juncture, I was invited to apply for the Patient Advisory Group (PAG) under the NIHR. At the time, it felt like a lifeline; in retrospect, it was the catalyst for my rebirth as an advocate.

The PAG provided a space where my illness was no longer a deficit, but a qualification. It helped me realise that my "before and after" insights—the dual perspective of a medical professional and a survivor of life-threatening illness were unique and compelling.

For the first time since my injury, I wasn't being "managed"; I was being consulted. In the PAG, I was treated as an equal. My voice was not just heard but was considered fundamental in crafting the first draft of a major new NHS initiative.

The structured support provided by the PAG was instrumental in my recovery. Through access to high-level training and mentorship with NIHR, I began to bridge the gap between my past expertise and my new reality.

Over the eighteen-month period of my involvement, the "tiredness" of marginalisation began to lift. My confidence soared as I realized that my lived experience could influence the systemic future of healthcare.

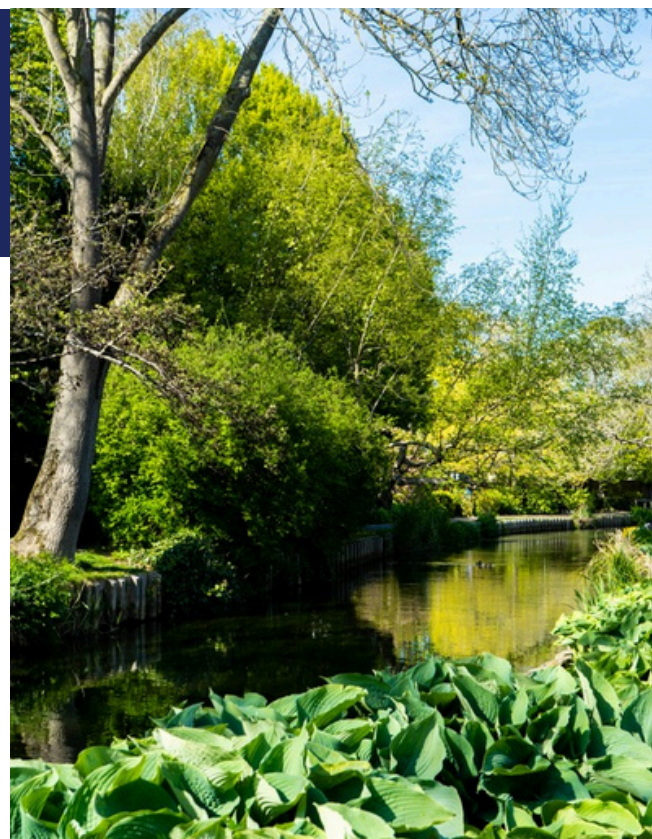
I am no longer trying to reclaim a lost identity. Instead, the PAG allowed me to forge a new one: a sovereign voice that uses the grit of survival to inform the grace of service. It reminded me that I matter, not in spite of what I went through, but because of it. This unique perspective of mine is a quality that was earned.

Being part of this group didn't just contribute to my life- it gave me a new one. One that still has lots of work to do.

NIHR Brand Refresh

We would like to remind you about the new materials available as part of the NIHR rebrand. These are all available on SharePoint and there is now a users guide to accompany these. If you have any questions about any of the new templates then please contact either Amanda [A.S.Roberts@kent.ac.uk] or Molly [m.lambourn@kent.ac.uk].

We are finalising the new [QSO PRU website](#). This updated version will be announced and made available soon. In the meantime, please make sure you are sending through your updated profiles and professional pictures via the Microsoft Form.



Patient and Public Involvement and Engagement (PPIE)

What PPIE support is available in NIHR QSO PRU?



Sarah Birch, Public Involvement and Engagement Manager, University of Kent

PPIE Support: What's Available to You?

Whether you're new to Patient and Public Involvement and Engagement (PPIE) or simply looking for a refresher, NIHR QSO PRU has a range of resources, guidance and support available.

New to PPIE or the Research Advisor role?

Our Welcome Document is a great place to start. It introduces the PRU, explains the Research Advisor role and highlights the support available.

Our buddy and mentoring scheme provides an opportunity to learn from experienced colleagues, develop your skills and build confidence in your role.

You can also access useful guidance, including our payment policy and PPIE Terms of Reference.

For researchers: PPIE from the start

Our Researcher Handbook provides an introduction to PPIE and an overview of the processes involved at the University of Kent. It's particularly useful for early-career researchers, those involving the public for the first time, or anyone needing a refresher.

Our Public Involvement Strategy and Implementation Group - Operational [PISIG-O] members can also provide strategic support throughout your project, from identifying PPIE needs at the outset through to supporting involvement as your research develops.

Need PPIE advice or support?

PISIG members can provide tailored advice and guidance to Research Advisors and Researchers. They hold monthly online PPIE drop-in clinics, held on the first Friday of every month. It is an informal space to ask questions, discuss challenges and talk through PPIE ideas. Contact Sarah Birch [S.J.Birch@kent.ac.uk] for more information.

Keep up to date

Our quarterly PPIE newsletter shares the latest PPIE news, research updates, training and workshops, and useful resources and opportunities.

What does PPIE look like in practice?

PPIE is about much more than attending meetings. Across QSO PRU projects, members of the public bring valuable experiences, perspectives and expertise that can help shape research - from its design and communication to the accessibility and relevance of information.

In future issues, we hope to shine a spotlight on our PPIE community, exploring who our members are, what they bring to research and the tangible difference they make to QSO PRU projects.

Keep learning

Have you visited NIHR Learning for Involvement? The website provides a wealth of resources, guidance and learning opportunities for anyone interested in public involvement in research.

[Why not take a look and see what's available?](#)

World Patient Safety Day- 'Safe care for life!'

World Patient Safety Day (WPSD) is observed annually on 17th September and is a global opportunity to bring together patients, families, caregivers, communities, health workers, health care leaders and policy-makers to show their commitment to patient safety.

This year's theme was "Safe care for noncommunicable diseases" or "Safe care for life!"

Our researcher Rebecca Lawton reflects on this:

"Over 70% of deaths across the globe are due to cancer, diabetes, cardiovascular, respiratory and other similar diseases. These are known collectively as non-communicable diseases. These diseases are not equally distributed across populations. Those from more deprived communities, with lower levels of health literacy and who are older, for example, are more likely to be affected.

Care for those living with these diseases is complex and often happens across many services and over many years. This means the risk of harm from healthcare is greater. Patients often do much of their own care at home. So, involving patients, families and communities is essential.

WPSD this year highlighted how important it is to listen to all patients and communities when trying to improve safety. They are the experts in what works for them and what they need to be safe.

Research has an important role to play listening to and disseminating the stories of patients and communities who are most affected by these diseases and developing and evaluating co-designed solutions to address the problems they identify.

Diversity and inclusion must be at the heart of what we do if we are to achieve safety equity."



You can read more about World Patient Safety Day- [Here](#)



HRS UK- Visit and Presentation by QSO team

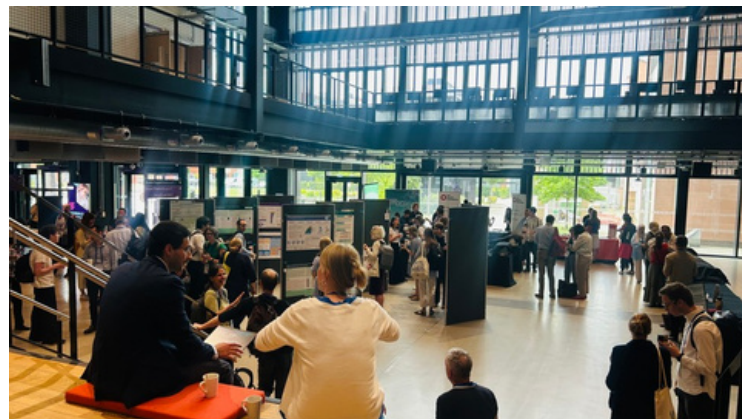
Our colleagues recently attended the HRS UK Conference on the 30th June 2026.

Dr Sne Zondo reflects on the event below.

"The conference reinforced that achieving health equity requires more than developing effective interventions it means understanding people's experiences, involving patients and communities meaningfully throughout the research process, and recognising that interventions must be adapted to the cultural and real-world contexts in which they're delivered.

I particularly valued seeing these principles applied across different areas of health and care; from primary care to voluntary services, environmental health to patient safety. It made me think about how research can better connect quality, safety and equity, and how evidence gets translated into approaches that actually work for different populations and settings.

Equity cannot be an afterthought, it needs to be considered from the outset, with the people affected by an intervention helping to shape how it is designed, implemented and evaluated."



Lavanya Thana presented both a poster and presentation on the topic "Systems involving patients and their relatives in the process of escalating in-hospital clinical deterioration. An updated narratives systematic review".

Upcoming Events

We are excited to share some upcoming conferences where some project teams hope to be presenting:

- QSO PRU Mid Programme Event - 8th December 2026
- International Forum for Quality and Safety - 20-22 April 2027

Please let us know if you have any exciting events planned so we can share the details with our QSO PRU colleagues.

Call to action!

We are always looking for news to share! 'If you have any project news, updates or top tips we could include in our next issue or via our Instagram pages please email: Molly [m.lambourn@kent.ac.uk] or Amanda [A.S.Roberts@kent.ac.uk] to send in your QSO activities and updates.



Keep in touch



<http://www.qso.ac.uk/>



[quality_safety_outcomes](https://www.instagram.com/quality_safety_outcomes)



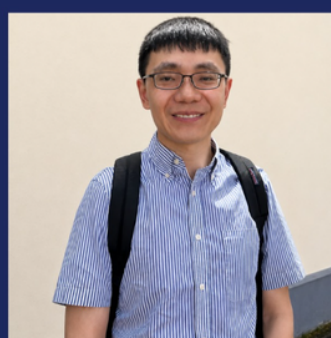
sssqualitysafetyandoutcomes@kent.ac.uk



QSO on Instagram



Birmingham Library on Centenary Square



In April, Associate Professor Michele Peters attended the 26th International Conference on Integrated Care in Birmingham and presented on **A Core Outcome Set to assess benefits of integration for people with complex health and care needs: Identifying what to measure.**

Disclaimer

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