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Current Awareness Bulletin

Health Management

April/May 2018

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General

**GDPR and Public Consultation: Are You Ready?**
Mills and Reeve; 2018.
[The EU GDPR (“General Data Protection Regulation”) applies to everybody who handles the personal data of European citizens and will supersede the current UK Data Protection Act on May 25th 2018. The new legislation gives individuals more rights over what organisations do with their data, and includes strict fines for organisations who fail to comply. This legislation will become effective regardless of Brexit and will continue to be relevant post-Brexit.]
*Freely available online*

**Are the NHS national outcomes frameworks past their sell-by date’. [Viewpoint]**
[The National Health Service (NHS) outcomes frameworks for public health, health and adult social care in England were launched in 2010–2012 with ambitions that they would transform health outcomes in England. However, unprecedented financial pressures in the NHS are compelling changes in government policy designed to make the NHS financially sustainable while ensuring high-quality care for a population with a growing burden of chronic disease and multimorbidity...]
*Available with an NHS OpenAthens password*

**Reducing emergency admissions.**
National Audit Office (NAO); 2018.
[The report examines progress that the Department of Health and Social Care, NHS England, NHS Improvement and other stakeholders are making in reducing the impact of emergency admissions on acute hospitals. The report takes a whole-system approach, and looks at action across acute, primary, community and social care systems.]
*Freely available online*

**King’s Fund Quarterly Monitoring Report: How is the NHS performing? March 2018**
The King's Fund; 2018.
[In this report, the King's Fund finds that more patients are facing long waits for hospital treatment, with those experiencing the longest waits often most in need of treatment. With demand for services continuing to rise it's very unlikely that meeting waiting time targets will become more achievable, with implications for how the NHS protects patients waiting the longest. ]
*Freely available online*

**Patients - (Care, Safety, experience, choice)**

**A just culture guide: Supporting consistent, constructive and fair evaluation of the actions of staff involved in patient safety incidents.**
Elevated mortality among weekend hospital admissions is not associated with adoption of seven day clinical standards.
Meacock R. Emergency Medicine Journal
[Patients admitted to hospital in an emergency at weekends have been found to experience higher mortality rates than those admitted during the week. The National Health Service (NHS) in England has introduced four priority clinical standards for emergency hospital care with the objective of reducing deaths associated with this ‘weekend effect’. This study aimed to determine whether adoption of these clinical standards is associated with the extent to which weekend mortality is elevated.]
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Lending a hand: could machine learning help hospital staff make better use of patient feedback'. [Editorial]
[In the first of the two studies, Lee and colleagues examine how written patient experience comments feedback is used in the National Health Service (NHS). Uniquely, the authors focus their investigation on the way in which Boards of Directors use patient experience information to monitor and improve care. The second study, conducted by Griffiths and Leaver, illustrates how computational tools could automate the collection and analysis of patient experience data.]
Freely available online

[Discussion and conclusions: We have identified limitations in the uses of patient feedback by hospital boards that suggest that boards should review their current practice to ensure that they use the different kinds of patient feedback that are available to them more effectively to improve, monitor and assure the quality of care.]
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Wisdom of patients: predicting the quality of care using aggregated patient feedback.
[Objective: To determine whether the near real-time, automated collection and aggregation of multiple sources of patient feedback can provide a collective judgement that effectively identifies risks to the quality of care, and hence can be used to help prioritise inspections.]
Available with an NHS OpenAthens password

Pressure ulcers: safeguarding adults protocol.
Department of Health and Social Care;2018.
https://www.gov.uk/government/publications/pressure-ulcers-safeguarding-adults-
protocol
[Guidance from the Chief Social Worker on responding to individuals at risk of developing pressure ulcers, and preventing harm where they occur.]
Freely available online

A qualitative exploration of the discharge process and factors predisposing to readmissions to the intensive care unit. [Abstract]
Check for full-text availability
[Quantitative studies have demonstrated several factors predictive of readmissions to intensive care. Clinical decision tools, derived from these factors have failed to reduce readmission rates. The purpose of this study was to qualitatively explore the experiences and perceptions of physicians and nurses to gain more insight into intensive care readmissions.]
Freely available online

The Report of the Short Life Working Group on reducing medication-related harm.
Department of Health and Social Care; 2018.
[This report makes recommendations for a programme of work to tackle medication error and improve medicine safety. Early priorities identified, include improved shared decision making and shared care, and the development of a repository of good practice to share learning.]
Freely available online

Plans to support safer maternity care.
[The article discusses initiatives introduced in Great Britain to improve safety for women and babies. Topics include the development of the NHS Improvement Hub to educate care providers, the improvement of specialist perinatal mental health services, and the standardization of investigations of term stillbirths, neonatal and maternal deaths, and serious brain injuries by the Healthcare Safety Investigation Branch.]
Available with an NHS OpenAthens password for eligible users

Clostridium difficile infection objectives for NHS organisations in 2018/19, guidance on sanction implementation and notification of changes to case attribution definitions from 2019.
NHS Improvement;2018.
https://improvement.nhs.uk/resources/clostridium-difficile-infection-objectives/
[Sets out the objectives for acute trusts and clinical commissioning groups to make continuous improvement in Clostridium difficile infection (CDI) care.]
Freely available online

Finance & Resource Management

Policy Research Unit in Economic Evaluation of Health and Care Interventions (EEPRU); 2018.
http://www.eepru.org.uk/article/prevalence-and-economic-burden-of-medication-
[It is estimated 66 million potentially clinically significant medication errors occur in England/year; 71.0% in primary care. Definitely avoidable ADRs cost the NHS £98.5 million per year, with NSAIDs, anticoagulants and antiplatelets causing over a third of related admissions.]

Ffreely available online

**An examination of user costs in relation to smokers using a cessation service based in the UK.**
Walker N. *BMC Health Services Research* 2018;18(1):182.
[Smoking cessation services provide support to smokers who desire to quit. Published studies to date have looked at the cost and benefit of service provision but typically focus on clinical trial data. Using routinely collected observational data, this study examined the costs involved in providing a service in terms of average health care expenditure per successful quit attempt in addition to population - level cost-effectiveness measures.]

**Quality Improvement, Case Studies, Service Improvement, Innovation, Change**

Case Study: [Rapid Improvement Event – From ‘Can’t Do’ to ‘Can Do’](http://fabnhsstuff.net/2018/02/04/rapid-improvement-event-cant-can/)
Dartford and Gravesham NHS Trust (DGT) organised a 4 day Rapid Improvement Event (RIE), with follow up review dates at 30, 60, 90 and 120 days, to optimise discharge management throughout the system and reduce delays through collaborative working.

Case Study: [Introduction of a structured approach to cognitive rehabilitation for critical care patients](http://fabnhsstuff.net/2018/02/04/introduction-of-a-structured-approach-to-cognitive-rehabilitation-for-critical-care-patients/)
This project sought to provide a structured approach to delivering cognitive rehabilitation to critical care patients at high risk of developing long-term non-physical symptoms e.g. delirium, loss of memory, attention deficits, lack of insight and awareness, sequencing problems, which can lead to apathy, low mood and low self-esteem. The programme was designed to implement NICE’s guidance for rehabilitation after critical illness in adults (CG83).

Case Study: [Making Every Contact Count for Physical Activity in Musculoskeletal Outpatient Physiotherapy: A service improvement project to implement NICE public health guidance PH44](http://fabnhsstuff.net/2018/02/04/making-every-contact-count-for-physical-activity-in-musculoskeletal-outpatient-physiotherapy-a-service-improvement-project-to-implement-nice-public-health-guidance-ph44/)
Project aim: To establish a suitable targeted approach to identifying inactive people accessing MSK outpatient physiotherapy services at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust to facilitate brief interventions for physical activity in line with NICE guidance (PH44) and MECC guidance.

**Are quality improvement collaboratives effective’ A systematic review.**
[Conclusions: Quality improvement collaboratives (QIC) have been adopted widely as an approach to shared learning and improvement in healthcare. Overall, the QICs included in this review reported significant improvements in targeted clinical processes and patient outcomes. These reports are encouraging, but most be
interpreted cautiously since fewer than a third met established quality and reporting criteria, and publication bias is likely.\[Available with an NHS OpenAthens password for eligible users\]

*Anticipation, teamwork and cognitive load: chasing efficiency during robot-assisted surgery.*
[Conclusions: Anticipation and active engagement by the surgical team resulted in shorter operative time, and higher familiarity scores were associated with fewer inconveniences. Less anticipation and non-verbal requests were also associated with lower cognitive load for the console surgeon. Training efforts to increase anticipation and team familiarity can improve team efficiency during RAS.\[Available with an NHS OpenAthens password\]

*The Getting it right first time (GIRFT) programme.*
NHS Providers; 2018.  
http://nhsproviders.org/resource-library/briefings/getting-it-right-first-time-programme  
[This briefing provides an overview of the GIRFT programme, a partnership between the NHS Royal National Orthopaedic Hospital Trust and NHS Improvement, to support NHS trusts to improve care quality and increase operational productivity by reducing unwarranted variation in care. The programme encompasses 35 clinical and medical specialties delivered in acute hospitals, with work underway to expand into mental health services.]  
*Freely available online*

*CQC maternity services survey 2017.*
Care Quality Commission (CQC); 2018.  
[This report finds that overall women reported positive experiences of maternity care over 2017 and there were small incremental improvements in results across almost every question. Whilst there have been general improvements overall, the results highlight the need for better communication and greater patient choice.]  
*Freely available online*

*Against the odds: Successfully scaling innovation in the NHS.*
The Health Foundation; 2018.  
http://www.health.org.uk/publication/against-odds-successfully-scaling-innovation-nhs  
[To relieve the immense pressures in the health service, improve patient experience and outcomes, and save money, we need innovative approaches to benefit more people. But traditional approaches to scale and spread aren’t delivering the change we need. This research looks at 10 stories of UK innovations that have scaled and built a rich picture of the factors that enable success.]  
*Freely available online*

*Evaluating organizational change in health care: the patient-centered hospital model.* [Abstract]  
Fiorio CV. *BMC Health Services Research* 2018;18(1):95.  
Check for full-text availability  
[An increasing number of hospitals react to recent demographic, epidemiological and managerial challenges moving from a traditional organizational model to a Patient-Centered (PC) hospital model. Although the theoretical managerial literature on the PC hospital model is vast, quantitative evaluations of the performance of hospitals that moved from the traditional to the PC organizational structure is scarce.]
Leadership & Workforce

Team culture.
[The RCP has produced a compendium of reports aiming to promote high-functioning teamworking in the medical setting. This present resource focuses on team culture and is one of the ‘Improving teams in healthcare’ series. The document will: Outline the features that impact on team culture; Describe the interaction between each of these features and Offer practical steps for improving team culture in a climate with limited resources.]
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Self-rostering can improve work–life balance and staff retention in the NHS.
[The authors present their thoughts on how health organizations can benefit from e-rostering (ESR), an electronic roster system designed to help nurse managers produce more effective rosters incorporating working requests of staff and meeting organizational needs. Particular attention is given to self-rostering that provides better work-life balance for staff members while letting nurse managers maintain control of scheduling.]
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The impact of nurse managers’ leadership styles on ward staff.
[Leadership style is related to job satisfaction, staff retention, costs, and quality of care. The leadership styles of managers can be crucial in the healthcare setting, but very few studies have focused on them. This study employed qualitative methodology, involving 35 nurses working in different specialties of a medical city in Saudi Arabia. Data collection consisted of completing demographic and professional information and a semi-structured interview using open-ended questions.]
*Available with an NHS OpenAthens password for eligible users*

Strategies to future-proof and enhance the nursing workforce.
[The author reports on a study to improve the work force of Great Britain’s National Health Service (NHS). He focuses on the policies that affect nurses, particularly their education and retention, reductions in NHS expenditures, that have affected nursing staff, and what will need to be done to improve conditions.]
*Available with an NHS OpenAthens password for eligible users*

The health, safety and wellbeing of shift workers in health and social care environments.
NHS Staff Council;2018.
[Link to the full resource]

[This guidance, created by the Health, Safety and Wellbeing Partnership Group (HWSWP) sets out: How shift work can impact on health, safety and wellbeing; How to manage the risk as an organisation; How to manage the risk as an individual; The importance of partnership working.]

Freely available online

Safe, sustainable and productive staffing: an improvement resource for maternity services.
NHS Improvement; 2018.
https://improvement.nhs.uk/resources/safe-sustainable-productive-staffing-maternity-services/

[Improvement resource to help standardise safe, sustainable and productive staffing decisions in maternity services.]

Freely available online

Safe, sustainable and productive staffing: An improvement resource for adult inpatient wards in acute hospitals.
NHS Improvement; 2018.
https://improvement.nhs.uk/resources/safe-staffing-improvement-resources-adult-inpatient-acute-care/

[A guide to help standardise staffing decisions in adult inpatient wards in acute hospitals.]

Freely available online

Forthcoming Events

Eighth annual leadership and management summit: transforming the future of health and social care.
[This summit will give a greater understanding of: what motivates individuals to be involved; what enables large-scale change; what can hinder progress and how to deal with this; what we can learn from leaders in other sectors. (See website for attendance cost)]
The King’s Fund, London, W1G 0AN
From: 10th May, 2018 8:45am https://www.kingsfund.org.uk/events/eighth-annual-leadership-and-management-summit
For more information, please contact events@kingsfund.org.uk.

[The Governance Conference gathers together governance professionals and company secretaries alongside wider stakeholders from the healthcare sector for a day of debate, insight and action. Tickets are free for NHS trusts on a first come first served basis. This year's event will examine the governance challenges of collective working. We'll explore the responsibilities and liabilities of directors and the board and look at ways in which the oversight of risk can be strengthened.]
London
All day event on: 18th July, 2018
http://nhsproviders.org/courses-events/networks-and-groups/governance-conference-2018
Main sources:
This Bulletin is based on updates from the KnowledgeShare Current Awareness service. Sources include:

Other sources used include: The Health Management Bulletin produced by Sherwood Forest Hospitals NHS Foundation Trust available from the Current Awareness Service for Health (CASH), The King’s Fund Health Management & Policy Alert and NICE (National Institute for Health and Care Excellence).

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