

Commissioning

(Quality Improvement, Safety, Patients)

Evidence Update



December 2017

(Quarterly)

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Library and Information Service

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Training Calendar 2017/18

All sessions are one hour

December (12.00-13.00)

7 th (Thu)	Statistics
14 th (Thu)	Literature Searching
20 th (Wed)	Critical Appraisal

January (13.00-14.00)

4 th (Thu)	Statistics
8 th (Mon)	Literature Searching
18 th (Thu)	Critical Appraisal
24 th (Wed)	Statistics

Your Outreach Librarian – **Helen Pullen**

Whatever your information needs, the library is here to help. Just email us at library@uhbristol.nhs.uk

Outreach: Your Outreach Librarian can help facilitate evidence-based practice for all in the team, as well as assisting with academic study and research. We also offer one-to-one or small group training in **literature searching, critical appraisal and medical statistics**. Get in touch: library@uhbristol.nhs.uk

Literature searching: We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a one-to-one session where we can guide you through the process of creating a well-focused literature research. Please email requests to library@uhbristol.nhs.uk



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Recent Evidence

If you would like a more focused search on your own topic, then please get in touch:
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NHS Employers

[Improving Staff Retention: A Guide For Employers.](#)

NHS Employers; 2017.

Aimed at employers, the guide was developed from work which took place during 2016-17 where NHS Employers engaged a large number of NHS organisations to help equip them with tools and resources to shape and implement effective workforce retention plans.

Freely available online

NHS England

[NHS England specialised commissioning service development policy](#)

NHS England has published the policy that sets out its approach for making decisions about which new treatments and interventions to commission.

[Leading large scale change: a practical guide.](#)

To support leaders in this task, NHS England's Sustainable Improvement team and the Horizons team have refreshed and updated a 2011 publication, Leading Large Scale Change: A Practical Guide, to reflect today's unique health and care landscape and challenges, and have produced a supporting skills development programme.

Freely available online

[Improvements to NHS continuing healthcare should speed care handovers](#)

NHS England has published plans to improve of NHS continuing healthcare (CHC) pathways and processes, as part of the NHS contribution to the reduction of delayed transfers of care.

[Specialised services quality dashboards](#)

NHS England has published dashboards to measure quality of care by collecting information about outcomes from health care providers.

[Integrated support and assurance process](#)

These documents describe the integrated NHS England and NHS Improvement process for supporting commissioners and providers looking to procure and bid for complex contracts.

STP

[Sustainability and transformation plans in London](#)

A report, commissioned by the Mayor of London and based on work completed in March 2017, looks at the five STPs in London, their contents and common themes.

Accountable Care Models

[Accountable care models contract: proposed changes to regulations](#)

NHS England has announced plans to make changes to regulation in efforts to overcome existing obstacles to the use of the accountable care organisations contract.

Quality Improvement

[Healthcare Financial Management Association \(HFMA\)](#)

[NHS Efficiency Map](#): This map promotes best practice in identifying, delivering and monitoring cost improvement programmes in the NHS. It contains links to a range of tools and guidance to help NHS bodies improve their efficiency. The map is split into three sections: enablers for efficiency, provider efficiency and system efficiency. It highlights the successes some NHS providers have had in delivering specific efficiency schemes and provides sign-posts to existing tools and reference materials. It also includes updated definitions for different types of efficiency

[Making the experience of elective surgery better.](#)

Fregene. *BMJ Quality Improvement Reports* 2017;6(2):doi.org/10.1136/bmjqr-2017-000079.

We gathered data which showed that patients for elective surgery who had their operations later in the day were significantly less likely to report a positive experience. Changes implemented included: staggering patient arrival times and having a single point of contact on the day surgery unit to communicate between theatre staff and patients. Patients reporting an 'Excellent' or 'Good' experience increased from 65% to 96%, waiting times decreased, and information dissemination improved.

Freely available online

[Restructuring hospitalist work schedules to improve care timeliness and efficiency.](#)

Wells. *BMJ Quality Improvement Reports* 2017;6(2):doi.org/10.1136/bmjqr-2017-000028.

We recognised that long patient wait times occurred at admission, especially for patients arriving in the late afternoon when hospitalist day shifts were ending. We needed to accommodate 29 admits per day with peak volume towards the early evening but the current staffing model failed after 22 admits. We successively adapted our model until it aligned with patient admissions. Admitting capacity increased to 30 and mean patient wait times for admission decreased 36% (66-42 mins)

Freely available online

[Building capacity and capability for improvement: embedding quality improvement skills in NHS providers.](#)

These guides are for NHS organisations seeking to begin or do more to build improvement capacity and capability in their organisations.

Freely available online

[Partnerships for improvement: ingredients for success.](#)

"The idea of partnerships and collaboration across organisational boundaries is at the heart of NHS reforms in England. Although we have helped to develop the evidence base for how networks of people can improve quality of care, less is known about what makes for successful partnerships between providers at an organisational level. For this reason, we commissioned the Health Services Management Centre at the University of Birmingham to look at a range of current organisational partnerships."

Freely available online

[Lean management in health care: effects on patient outcomes, professional practice, and healthcare systems](#)

Thomas Rotter, Christopher T Plishka, Lawal Adegboyega, Michelle Fiander, Elizabeth L Harrison, Rachel Flynn, James G Chan, Leigh Kinsman

Online Publication Date: November 2017

[Restructuring hospitalist work schedules to improve care timeliness and efficiency.](https://doi.org/10.1136/bmj-2017-000028)

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[Practical guide for large scale change launched](#)

NHS England has launched a refreshed guide to support health and care leaders to deliver large scale change.

[On the road to Health 2020 policy targets: monitoring qualitative indicators – an update](#)

This report shows an overall improvement in the implementation of Health 2020 values and principles across the WHO European Region. Between 2010 and 2016, the share of responding countries that had policies addressing inequalities increased from 88 per cent to 98 per cent. Those that aligned national policies with Health 2020 also increased during this period, from 58 per cent to 92 per cent. Report WHO

Communication

[How to Stay "in the Loop": Avoiding Nasty Surprises on Your Team.](#)

Mind Tools; 2017.

In this article, we examine the impact of being "out of the loop," and look at some strategies you can use to avoid it, and to reconnect with your team.

Freely available online

[Management by Wandering Around \(MBWA\): Keeping Your Finger on the Pulse.](#)

Mind Tools; 2017.

Connecting with your team is a major factor in success, and this article shows you how to keep in touch with what's going on.

Freely available online

Leadership

[The leader as a coach](#)

Using coaching techniques in the workplace can support effective team management by increasing the motivation and confidence of individuals.

Safety

[Draft Health Service Safety Investigations Bill](#)

This draft bill proposes setting up the Health Service Safety Investigations Body (HSSIB). The HSSIB will conduct investigations which focus on learning from patient safety incidents in the NHS, to reduce health care harm and improve patient care. The draft bill allows the HSSIB to conduct investigations using 'safe space'. 'Safe space' is a set of legal powers that prevent the HSSIB from disclosing the information it gathers during an investigation. Draft bill

Staff Wellbeing

[Mental health at work: the business costs ten years on](#)

This report finds that mental health problems in the UK workforce cost employers almost £35 billion last year.

[Work, health and disability green paper: data pack](#)

The government has published a technical annex to the work, health and disability green paper.

[From standup comedy classes to free massages – wellness at work goes mainstream](#) (The Guardian, 16 August 2017) Conferences

Patient and Public Involvement

[Reception teams are key to a better experience for patients and practice staff](#)

Reception teams can improve the experience of patients and practice staff by taking simple steps to improve customer service.

Miscellaneous

[The principles of project management](#)

Good project management is of the art of getting a successful outcome using the resources available. This is more important than ever in health and social care where managers are under increasing pressure to deliver better outcomes and greater efficiency in every aspect of their work.

[Commissioning policy: reimbursement of expenses for living donors](#)

NHS England has published a policy to inform healthcare professionals and commissioning authorities about the principles and processes that underpin financial reimbursement for living organ donors.

[New proposal to expand the scope of performance assessments of providers regulated by the Care Quality Commission](#)

The Department of Health proposes to amend the Care Quality Commission (Reviews and Performance Assessments) Regulations 2014 so that the Care Quality Commission (CQC) has a duty to rate all providers of regulated activities, except for some specific registered service providers or regulated activities. This consultation is targeted at providers of health and social care services registered with the CQC. The closing date for comments is 7 November 2017.

[New care models: Harnessing technology.](#)

This publication explores how five vanguards are implementing innovative digital technology solutions at the heart of a new approach to care.]

Freely available online

[Dispelling the nice or naughty myth: retrospective observational study of Santa Claus \(Park J.J., Kennedy B. G.T, et al, BMJ 2016; 355, 6355\)](#)

OBJECTIVES To determine which factors influence whether Santa Claus will visit children in hospital on Christmas Day.

DESIGN Retrospective observational study.

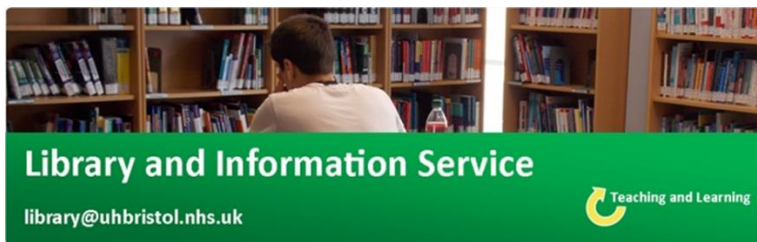
SETTING Paediatric wards in England, Northern Ireland, Scotland, and Wales.

PARTICIPANTS 186 members of staff who worked on the paediatric wards (n=186) during Christmas 2015.

MAIN OUTCOME MEASURES Presence or absence of Santa Claus on the paediatric ward during Christmas 2015. This was correlated with rates of absenteeism from primary school, conviction rates in young people (aged 10-17 years), distance from hospital to North Pole (closest city or town to the hospital in kilometres, as the reindeer flies), and contextual socioeconomic deprivation (index of multiple deprivation).

RESULTS Santa Claus visited most of the paediatric wards in all four countries: 89% in England, 100% in Northern Ireland, 93% in Scotland, and 92% in Wales. The odds of him not visiting, however, were significantly higher for paediatric wards in areas of higher socioeconomic deprivation in England (odds ratio 1.31 (95% confidence interval 1.04 to 1.71) in England, 1.23 (1.00 to 1.54) in the UK). In contrast, there was no correlation with school absenteeism, conviction rates, or distance to the North Pole.

CONCLUSION The results of this study dispel the traditional belief that Santa Claus rewards children based on how nice or naughty they have been in the previous year. Santa Claus is less likely to visit children in hospitals in the most deprived areas. Potential solutions include a review of Santa's contract or employment of local Santas in poorly represented regions.



Library Opening Times

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