

## WSFT Health Management and Innovation Update

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### Local News:

#### RoseVital® Trays to be launched across the Trust on 24<sup>th</sup> November in Time Out 11am – 2pm

The Trusts' innovative product to help deliver personal care will be officially launched in Time Out on 24<sup>th</sup> November. Come along and see for yourself how a simple idea can improve the patient experience, aid recovery and reduce length of stay.

RoseVital® is now available on Powergate and on all ward shopping lists –

Code	Product	Company	System
█	Rose Vital ®tray	Alamar Engineering Limited	Powergate
█	Black Sleep Mask (minimum order 100)	Spentex	Powergate
█	Classic Ear plugs un-corded	Arco	Powergate
█	Hygea Wipes can be ordered via the ward WIC NHS Supply Chain	On Ward Top Up (See link)  <a href="http://my.supplychain.nhs.uk/Catalogue/product/mrb188">http://my.supplychain.nhs.uk/Catalogue/product/mrb188</a>	NHS Supply Chain

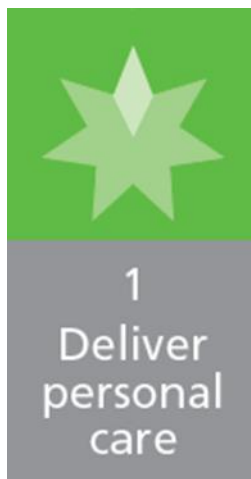
## One Vision

To deliver the best quality and safest care for our community

### [What went wrong at Addenbrooke's?](#)

The world renowned hospital is now in special measures. Richard Vize speaks to its newly departed leader, Keith McNeil, and other insiders about the “unforgiving” inspection regime, the NHS’s obsession with “grip,” and how the roots of Addenbrooke’s problems can be found in many other hospitals. (BMJ, Oct 2015) See also the section on Responses.

### [Problems at Addenbrooke's caused by failure to implement electronic patient record system effectively](#) (BMJ, October 2015)



### [Gearing up for one of the most fundamental changes in NHS history](#)

Sir Bruce Keogh has outlined an [emerging strategy for Personalised Medicine in the NHS](#). NHS England’s National Medical Director said it would entail a move away from a ‘one size fits all’ approach to the treatment and care of patients with a particular condition, to using diagnostics, genomics, data analytics and other emergent technologies to identify the underlying cause of disease. He told NHS England’s Board this was the way to ensure the right patient gets the right treatment at the right time, leading to improved outcomes. (NHSE Board Paper, Sept 2015)

### [Care pathways: guidance on appraising sustainability](#)

The Coalition for Sustainable Pharmaceuticals and Medical Devices has produced innovative new guidance to enable sustainability to be considered when designing new models of care. The suite of documents will allow users to consistently appraise environmental impacts of health care pathways and can also be used when redesigning existing models or investigating the benefits of prevention. In addition to the main document, specific guidance for key healthcare activities (known as modules) have been developed to date (October 2015): *GP Consultation, Patient Travel, Emergency Department Visit, Inpatient Bed Day, Surgical Procedure, & Condition Self-Management*

### [Hospital trusts productivity in the English NHS: uncovering possible drivers of productivity variations](#)

This study looks at how NHS trusts perform in terms of how much they produce given the resources (doctors, nurses, medicines and premises) they use. It finds that on these criteria - which economists call productivity measures - there is a lot of variation between trusts and that the best and worst performers stay the same over time. It is not possible to explain away the variation in terms of the kinds of patients that are treated. These results suggest that there may be scope for making substantial savings by ensuring that all trusts perform as well as the best ones. (Centre for Health Economics, University of York, October 2015. CHE Research paper 117)

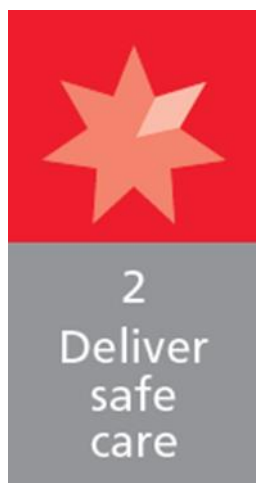
### [How is the NHS performing?](#)

The King’s Fund’s latest quarterly monitoring report finds that cuts in local authority social care budgets are adversely affecting health services. The survey also confirms that the NHS is now in serious financial crisis and that measures to cap spending on agency staff have implications for safe staffing. And on the back of the QMR’s finding that staff morale is the chief concern for NHS finance directors, [Michael West and Donna Willis ask](#) why that is and what we can do about it. (The King’s Fund, QMR 17, October 2015)

[Shaping a values-based culture: tips and tools for NHS Boards](#)

Values and principles form the bedrock of the NHS, permeating from Board to ward. The [Rose Report](#) calls for a strong, values-based culture within the NHS. To support members with efforts to shape and embed a values-based culture, the NHS Confederation has compiled a list of top tools, tips and resources.

[Stating Appointment Costs in SMS Reminders Reduces Missed Hospital Appointments: Findings from Two Randomised Controlled Trials](#) Systematic reviews show that sending SMS reminders is effective, but there is no evidence on whether their impact is affected by their content. These two randomised controlled trials tested the impact of rephrasing appointment reminders on DNA rates in the UK.

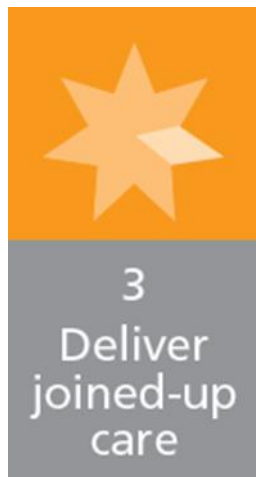


[Helping NHS providers improve productivity in elective care](#)

This report concentrates on potential improvements in the operational management of elective patient pathways within the direct control of NHS providers and identifies a mechanism whereby clinicians and managers can work together to maximise provision of care. It sets out a series of practical steps that hospitals can take to improve clinical outcomes and reduce the amount of money spent on ophthalmology and orthopaedic services by between 13 per cent and 20 per cent. (Monitor, October 2015) [Appendices](#)

[National audit of inpatient falls: audit report 2015](#)

The Falls and Fragility Fracture Audit Programme is a national clinical audit run by the Royal College of Physicians designed to audit the care that patients with fragility fractures and inpatient falls receive in hospital and to facilitate quality improvement initiatives. It reveals that many trusts and local health boards have policies that include the main areas of falls prevention but that there is often no association between what the policies include and the care patients received once admitted to hospital. (Royal College of Physicians, October 2015)



[Integrated Care Bulletin](#) The King's Fund, October 2015

[Managing demand and delivering differently: responses to the assessment capacity challenge](#)

The demographic and financial context in which the Care Act's reforms are being embedded demands that local authorities are pro-active in transforming their ways of working and business processes, to meet demand and capacity challenges. This briefing document sets a number of innovative approaches to managing demand - drawing on councils' experiences preparing for the cap on care costs. (Local Government Association, October 2015)

[Personalised care and support planning](#) (online tool)

This online tool is aimed at commissioners, planners, clinicians and practitioners across the health and social care system grappling with the complex changes needed to deliver person-centred, coordinated care. Through a series of case study scenarios developed with clinicians, social care professionals, voluntary sector partners and people with lived experience, it demonstrates how different journeys through personalised care and support planning (PCSP) could look for people with multiple long term conditions, mental health problems, learning disabilities and dementia when a radical new approach is embraced. (Think Local Act Personal, Oct 2015)

[Making time in general practice](#)

This report estimates that 27 per cent of GP appointments could potentially be avoided if there was more coordinated working between GPs and hospitals, wider use of other primary care staff, better use of technology to streamline administrative burdens, and wider system changes. The report finds that a significant amount of GP time could be freed up if family doctors were not having to spend time rearranging hospital appointments, and chasing up test results from local hospitals. This accounted for 4.5% of appointments in the study, an estimated 15 million appointments if repeated across England. (NHS Alliance, Oct 2015) [Press release](#)



[State of maternity Services Report 2015](#)

Another year passes and NHS maternity services in England remain thousands of midwives short. With NICE having now published safe staffing guidelines for maternity, trusts in England that provide maternity care should know how many midwives they need to employ. Any failure to employ enough midwives and any consequences that flow from that failure must rest with the senior managers who continue to choose not to staff their service safely



[Alcohols' impact on emergency services](#)

Report by the Institute of Alcohol Studies whose key messages are: Alcohol places a significant and unnecessary strain on emergency services; public drunkenness makes emergency servicepeoples' lives and jobs harder; all services want more day to day support in dealing with alcohol; frontline staff are calling for policy action to curb alcohol harm; there are evidence-based interventions that can ease this burden.

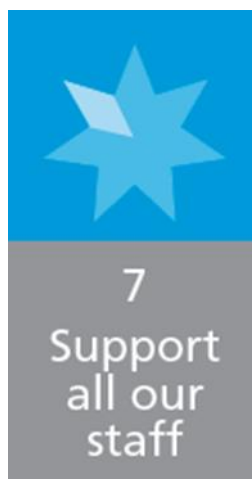


[Briefing: The health and care of older people in England 2015](#)

This report examines trends in funding, provision and the use of health and care services to investigate whether the health and care system is meeting the needs of older people in England. (Age UK, October 2015)

[High risk of adverse events in hospitalised hip fracture patients of 65 years and older: results of a retrospective record review study](#)

Hip fracture patients of 65 years and older are a complex patient group who often suffer from complications and difficult rehabilitation with disappointing results. It is unknown to what extent suboptimal hospital care contributes to these poor outcomes. This study reports on the scale, preventability, causes and prevention strategies of adverse events in patients, aged 65 years and older, admitted to the hospital with a primary diagnosis of hip fracture.



[Safe staffing in the NHS comes at a cost](#)

The NHS is heading towards an overspend, and one of the main levers to reduce it – controls on agency staff – risks conflicting with the priority placed on safe staffing. Many organisations may now feel trapped between the Care Quality Commission on one side, continuing to draw attention to staffing shortages, and Monitor and the NHS Trust Development Authority on the other, trying to bring down spending on temporary staff, says Helen McKenna. (The King's Fund, October 2015)

[Are we supporting or sacrificing NHS staff?](#)

The evidence paints a depressing picture of staff in the NHS suffering sustained stress; how should NHS leaders respond? (The King's Fund, October 2015) (Article links to a recent Research Report)

[Nursing morale has “dropped through the floor”](#)

Nursing staff are working feel unsupported and undervalued, according to new RCN research. (RCN, October 2015)

[How to set up a staff support network](#)

This guidance is designed to help in setting up a staff support network group in your organisation. It provides ideas based on established good practice, and can be adapted to suit your organisation's needs for non-commercial purposes. It can be adapted for any type of staff support network, and it has been developed as an example for black and minority ethnic staff networks. (NHS Employers, October 2015)

November 2015

**[Registered nurses and health care support workers: a summary of RCN policy positions](#)**

This briefing provides an overview of RCN positions on the education of the registered and non-registered nursing workforce. It argues that the registered nursing workforce should remain an all graduate profession and that the RCN does not support the return of the second level registered nurse. (Royal College of Nursing, October 2015)

**Main Source:** [NICE Evidence Search](#) (via the King's Fund Library)

If you have any difficulties accessing the documents referred to, please contact the Trust's Library and Information Service on extension 3112.

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If you have any feedback, comments or suggestions, please contact me on 01284 713112 or send me an email [laura.wilkes@wsh.nhs.uk](mailto:laura.wilkes@wsh.nhs.uk)

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