



# Summary of National Documents

January 2017

## Safe staffing for adult inpatients in acute care

A guide to help standardise staffing decisions in adult inpatient wards in acute hospitals | NHS Improvement | 6<sup>th</sup> January

This resource is based on the National Quality Board's expectations in a new window that to ensure safe, effective, caring, responsive and well-led care, trusts will employ the right staff with the right skills in the right place and at the right time.

We've designed this to be used by everyone involved in clinical establishment setting, approval and deployment – from the ward manager to the board of directors.

The resource:

- outlines a systematic approach for identifying the organisational, managerial and ward factors that support safe staffing
- makes recommendations for monitoring and taking action if not enough staff are available on the ward to meet patients' needs
- builds on NICE guidelines on safe staffing for nursing in adult inpatient care in acute wards

Read the full overview [here](#)

## Swimming together or sinking alone Health, care and the art of systems leadership

Richard Vize | Institute of Healthcare Management | 11<sup>th</sup> January

The Institute of Healthcare Management have published this report based on revealing interviews with senior leaders in health and local government on what is really happening as managers grapple with the Sustainability and Transformation Plan (STP) process.

It aims to help leaders understand the values, culture and skills they need to survive and thrive as the NHS tries to change from organisations working in silos to local health and care networks focussed on the needs of patients.



Under the Sustainability and Transformation Plan process announced in December 2015, health and local government leaders are coming together locally to take on two big challenges – shaping services around local needs, and doing so in a way which is financially sustainable.

Barriers between primary, secondary and community care are becoming ever more permeable and, for the first time since the creation of the NHS in 1948, local government is a major partner in shaping and delivering care.

The report analyses the difficulties these new, highly pressured networks are experiencing, and identifies how healthcare managers need to think and act differently to make systems leadership a success.

Read the full report [here](#)

## Introducing OPEL: a new way to understand winter pressures

This year, a new system has been introduced which permits a little more analysis of the operational pressures facing NHS hospitals in winter | Nuffield Trust Blog | 6<sup>th</sup> January

Trusts have been required to record any days on which they have reached any of four different Operational Pressures Escalation Levels, known as OPELs. OPEL 1 involves ‘meeting anticipated demand within available resources’, and OPEL 2 denotes a trust ‘starting to show signs of pressure’. Levels 3 and 4 correspond more closely to the old terms such as ‘black alert’ or ‘major incident’.

So far this winter we have had data published since the start of December, allowing us to get a sense of how the NHS is coping with the considerable pressures it is facing. While it may be too soon to tell how winter 2016/17 is affecting the running of NHS hospitals, a look at the OPEL data does offer us an early clue.

The figures published by NHS England for the period 1-27 December show that:

- Around a third (50) of the 152 trusts that sent data into NHS England declared an OPEL 3 or 4. Of those, seven were OPEL 4s.
- In total, 201 OPEL 3 or 4s were declared between 1-27 December, of which 15 were OPEL 4s.
- The start of the weeks of the 12th and 19th of December saw two peaks in number of trusts at OPEL 3 and 4.
- The worst day in this period was Tuesday 13 December, with 23 trusts at the highest levels, including four at OPEL 4.

Read the full blog post [here](#)



## Lack of workforce planning raises safety concerns

Rimmer, A. et al. | BMJ. | 356:j46 | 6<sup>th</sup> January

The UK government's lack of workforce planning to increase junior doctor numbers raises concerns about the safety of increased weekend working, a former Liberal Democrat health minister has said.

Norman Lamb said that, without a guaranteed increase in junior doctor numbers, increased weekend working could compromise services during the week. He said that the health secretary for England, Jeremy Hunt, had not fulfilled a pledge made last year to increase the number of doctors in training to cover increased demand.

Lamb said, "My fear is that, unless you can guarantee that there will be more junior doctors employed, imposing a change which involves more hours being worked at weekends will inevitably reduce the numbers of hours worked during weekdays, when the pressure is at its greatest. This could result in real safety concerns."

Speaking in the House of Commons on 5 September 2016, Hunt had said that "around 11 500 extra doctors will be trained during the course of this parliament." In a letter to Hunt on 28 October, Lamb asked Hunt to confirm how many additional junior doctors would be working in the NHS each year until the end of the parliament.

Read the full article [here](#)

## Royal College of Physicians: 'Quality of patient care threatened'

Royal College of Physicians | 12<sup>th</sup> January

Members of the Council of the Royal College of Physicians (RCP) have written to the Prime Minister, Theresa May MP, to set out their concerns about the capacity and resources needed to meet the demands on the NHS.

The letter was signed by RCP president Professor Jane Dacre and 49 members of Council, representing 33,000 doctors across 30 specialties as well as 750 physician associates.

They say in their letter that the increase in patient need is outpacing the resources available, that services are 'too often paralysed by spiralling demand to transform and modernise', hospitals are 'over-full, with too few qualified staff' and services are 'struggling or failing to cope', and there are 'increasing reports of staff contemplating the sad decision to leave the NHS'.

The Council members say that 'current investment levels are not sufficient to meet current or future patient needs' and the immediate actions needed are 'the reinvigoration of social care services and urgent capital investment in infrastructure'.

Download the full letter: [Letter to the prime minister, Rt Hon Theresa May MP](#)



Related: [NHS 'will fail' this winter without cash injection, doctors tell Theresa May](#) The Guardian

[NHS crisis 'putting lives at risk', warns Royal College of Physicians](#) The Independent

[NHS conditions worst ever, say leading nurses](#) BBC News

## Brexit means... an uncertain future for the NHS?

Nuffield Trust | 13<sup>th</sup> January

Both Brexit and the new government under Theresa May have major implications for the NHS. The health service is already facing financial turmoil and chronic staff shortages – both thrown into further uncertainty by the UK's departure from the EU. But with political attention dominated by Brexit negotiations, will the service get the help it needs? Nigel Edwards sets out the challenges ahead in his latest [Nuffield Trust](#) blog.

## NHS Indicators: England, January 2017

The House of Commons library | 13<sup>th</sup> January

The House of Commons library has published NHS Indicators: England, January 2017. The full briefing paper looks at trends in the following areas:

- Accident & Emergency attendance and performance
- Ambulance demand and response times
- Waiting times and waiting lists for routine treatment
- Waiting times for cancer diagnosis and treatment
- Cancelled operations
- Delayed discharges and transfers of care
- Diagnostic waiting times and activity
- Waiting times for mental health treatment
- Workforce numbers for doctors, nurses and other staff
- Hospital activity, referrals and admissions
- Bed availability and occupancy

Access the full report [here](#)



## How prepared are UK medical graduates for practice?

Monrouxe, L.V. et al. | BMJ Open | 7:e013656

Objective: To understand how prepared UK medical graduates are for practice and the effectiveness of workplace transition interventions.

Conclusions: Educational interventions are needed to address areas of unpreparedness (eg, multidisciplinary team-working, prescribing and clinical reasoning). Future research in areas we are unsure about should adopt a programmatic and rigorous approach, with clear definitions of preparedness, multiple stakeholder perspectives along with multisite and longitudinal research designs to achieve a joined-up, systematic, approach to understanding future educational requirements for junior doctors.

Read the full abstract and article [here](#)

## New report from the national guardian for freedom to speak up

NHS Employers | 16<sup>th</sup> January

Dr Henrietta Hughes, national guardian for speaking up freely and safely in the NHS has published a new report, which outlines the progress made since her appointment in October 2016.

Over the last 100 days, Dr Hughes has set up the national office and established a national network of Freedom to Speak Up guardians. Key points include:

- 201 NHS trusts now have an FTSU guardian in place
- twelve trusts are in the process of making an appointment of an FTSU guardian
- 21 trusts have yet to appoint to the role
- online resources and training available for guardians (including eight training sessions being led by the National Guardian's Office (NGO))
- guardians are encouraged to join regional networks to share progress and provide neighbouring support
- the NGO plans to issue good practice guidance.

Read the full report [here](#)



## Allied Health Professions into Action

Using Allied Health Professionals to transform health, care and wellbeing | NHS England | 17<sup>th</sup> January

‘AHPs into Action’ is a product for leaders and decision makers, to inform and inspire the system about how AHPs can be best utilised to support future health, care and wellbeing service delivery. It offers examples of innovative AHP practice and a framework to develop a plan of delivery. ‘AHPs into Action’ defines how AHPs can support STPs implement the triple aim set out in the Five Year Forward View; driving improvements in health and wellbeing, restoring and maintaining financial balance and delivering core quality standards. ‘AHPs into Action’ has been co-produced using triangulation of data and evidence:

- A review of national policy documents and publications.
- Engagement and involvement from senior leaders across the system.
- Over 16,000 contributions were submitted from patients, carers, the public, and health and care staff including AHPs, through a process of crowdsourcing via an online platform.

Read the full report [here](#)

## Bite-size guides on patient insight

NHS England | 18<sup>th</sup> January

NHS England has launched two further bite-size guides to patient insight to help CCGs and providers make better use of national surveys and feedback data and to plan their own local insight work to inform service reviews and redesigns.

NHS England wants to help providers and commissioners to understand the use of patient insight better and to use it effectively in delivering local services. Publications on this page are designed to help build understanding and skills in this area and new topics will be added over time.

- View the guide to ‘how and when to commission new insight and feedback’ [here](#)
- View guide to ‘what’s already available’ [here](#)
- View the guide to ‘Patient Reported Outcome Measures (PROMS)’ [here](#)

## Early benefits of delegated commissioning

NHS England | 19<sup>th</sup> January

NHS England has produced a series of Delegated commissioning case studies to show how CCGs are using delegated commissioning to improve care for local people.



CCGs have reported that delegated commissioning is leading to:

- The development of clearer, more joined up visions for primary care, aligned to wider CCG and STP plans for improving health services;
- Improved access to primary care;
- Improved quality of care being delivered to patients;
- Improved CCG relationships with member practices, including greater local ownership of the development of primary care services;
- Increased clinical leadership in primary care commissioning, enabling more local decision making;
- Greater involvement of patients in shaping services;
- A more sustainable primary care system for the future.

NHS England has produced a series of case studies to show how CCGs are using delegated commissioning to improve care for local people:

- [NHS Barking and Havering, Dagenham and Redbridge CCGs](#)
- [NHS Bolton CCG](#)
- [NHS Gloucestershire CCG](#)
- [NHS Oldham CCG](#)
- [NHS Rotherham CCG](#)

## Sustainable development guidance

The sustainable development unit | 19<sup>th</sup> January

The sustainable development unit has published revised guidance on writing management plans for sustainable development. The guidance, which is for use by providers of any size and commissioning groups has been updated in line with the current NHS standard contract.

The guidance is intended to support organisations to understand the key elements that make up a Sustainable Development Management Plan (SDMP). It also provides some advice on how organisations can develop their organisation's SDMP.

Having a board approved Sustainable Development Management Plan (SDMP) is one of the cornerstones of the Sustainable Development Strategy and it is also an indicator in the Public Health Outcomes Framework.



Developing an SDMP (or equivalent) will help organisations to:

- Meet minimum legislative, contractual and mandatory requirements related to SD
- Save money through increased efficiency and resilience
- Ensure that health and wellbeing in the UK and beyond is protected and enhanced.
- Improve the environment in which care, or the functions of your organisation are delivered, for service users and staff
- Have robust governance arrangements in place to monitor progress
- Demonstrate a good corporate reputation for sustainability
- Align SD requirements with the strategic objectives of your organisation.

[Read the updated guidance here.](#)

## Nearly 200 GP practices closed in 2016 alone, NHS data suggest

GP Online | 20<sup>th</sup> January

Data on GP practice populations released by NHS Digital this month list just 7,532 GP practices – down 181 from the total a year earlier in January 2016.

Part of the drop in GP practice numbers in the NHS Digital data is likely to be driven by mergers, which could mean that some of the practice locations no longer listed in official figures remain open, but under the wing of a larger group.

However, BMA leaders have warned that closures are at ‘record levels’ and the latest figures suggest that the trend is not slowing down as GPs wait for government pledges of investment through the GP Forward View to take effect.

Read the full news story [here](#)

## Regional Review Of Medical Education And Training In The South West Of England

General Medical Council | 20<sup>th</sup> January

The General Medical Council (GMC) has published a review of medical education and training in the south west of England.

Overall, it found that medical students and doctors in training are learning in positive and supportive environments but training time becomes squeezed when doctors’ workloads increase. The GMC sets standards to protect education and expects local organisations to meet these.



The report follows a series of quality assurance visits across the region at medical schools and hospitals who train doctors and an assessment of Health Education England working across the south west which oversees local postgraduate training.

Read the full overview [here](#)

Read the full report [here](#)

## NHS efficiency map

Healthcare Financial Management Association | NHS improvement | January 16<sup>th</sup>

The Healthcare Financial Management Association and NHS improvement have updated the 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 organisations improve their efficiency and includes sections on enablers for efficiency, provider efficiency and system efficiency.

Download the map [here](#)

## Fast discovery: The imperative for high velocity learning by everyone, about everything, all of the time.

Steven Spear | the Health Foundation | January 25<sup>th</sup>

The Health Foundation has published Fast discovery: the imperative for high velocity learning by everyone, about everything, all of the time.

This paper explores the gaps between the 'theoretical limit' (ie what could be achieved) and what organisations actually achieve in terms of taking the innate potential of the people they employ and the technology they use. The paper suggests that much time is used unproductively and examines how this can be addressed.

Download Fast discovery [here](#)

## Confidentiality: good practice in handling patient information

The General Medical Council | January 26<sup>th</sup>

The General Medical Council (GMC) has published revised, expanded and reorganised guidance on confidentiality for all doctors practising in the UK.



The guidance – Confidentiality: good practice in handling patient information – comes into effect from Tuesday 25 April 2017.

Revisions have been made to the guidance, last published in 2009, following an extensive consultation exercise. While the principles of the current GMC guidance remain unchanged, it now clarifies:

- The public protection responsibilities of doctors, including when to make disclosures in the public interest.
- The importance of sharing information for direct care, recognising the multi-disciplinary and multi-agency context doctors work in.
- The circumstances in which doctors can rely on implied consent to share patient information for direct care.
- The significant role that those close to a patient can play in providing support and care, and the importance of acknowledging that role.

Full guidance available [here](#)    GMC press release [here](#)

## Quality improvement: learning from innovations in the vanguards

Don Berwick | The Kings Fund blog

“I have recently returned from an exciting, whirlwind tour of another set of new care models sites. This was my fourth such tour. My goal for these visits, which I make as an International Visiting Fellow for The King’s Fund, is to attempt to understand what the vanguard organisations are trying to do, how well they are faring, and how they might progress even better and faster. On this trip, the additional question was: How can these lessons and models be spread more widely across the NHS?”

Read the full blog post [here](#)

## Delivering high value health care

The Kings Fund | January 27th

The King’s Fund has published the presentations from a conference held on 10 January 2017 on ‘Delivering high value health care’. The presentations include reducing wasteful spending on healthcare; tackling overuse and underuse of health services; Right Care; improving safety and reducing harm and error; patient safety improvement; and helping patients choose wisely.

Find all the presentations [here](#)



## References

Safe staffing for adult inpatients in acute care

[https://improvement.nhs.uk/uploads/documents/Adult\\_in-patient\\_safe\\_sustainable\\_staffing.pdf](https://improvement.nhs.uk/uploads/documents/Adult_in-patient_safe_sustainable_staffing.pdf)

Swimming together or sinking alone Health, care and the art of systems leadership

<https://ihm.org.uk/wp-content/uploads/2017/01/FULL-REPORT.pdf>

Introducing OPEL: a new way to understand winter pressures

<http://www.nuffieldtrust.org.uk/blog/black-alert-or-many-shades-opel>

Lack of workforce planning raises safety concerns

<http://www.bmj.com/content/356/bmj.j46?hwoasp=authn%3A1483804188%3A4315922%3A1354845054%3A0%3A0%3Agf3XEhFirg0ippVgcmLogg%3D%3D>

Royal College of Physicians: 'Quality of patient care threatened'

<https://www.rcplondon.ac.uk/file/5459/download?token=6hUif4Lu>

Brexit means... an uncertain future for the NHS?

[http://www.nuffieldtrust.org.uk/blog/where-will-brexit-leave-nhs?utm\\_medium=email&utm\\_campaign=Weekly%20newsletter%2013012017&utm\\_content=Weekly%20newsletter%2013012017+CID\\_38522cdd31d47a7213b011f517624b39&utm\\_source=Email%20marketing%20software&utm\\_term=Read%20Nigels%20blog](http://www.nuffieldtrust.org.uk/blog/where-will-brexit-leave-nhs?utm_medium=email&utm_campaign=Weekly%20newsletter%2013012017&utm_content=Weekly%20newsletter%2013012017+CID_38522cdd31d47a7213b011f517624b39&utm_source=Email%20marketing%20software&utm_term=Read%20Nigels%20blog)

NHS Indicators: England, January 2017

<http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7281>

How prepared are UK medical graduates for practice?

<http://bmjopen.bmj.com/content/7/1/e013656>

New report from the national guardian for freedom to speak up

<https://www.cqc.org.uk/sites/default/files/20170110-national-guardians-office-first-100-days-report.pdf>

Allied Health Professions into Action

<https://www.england.nhs.uk/wp-content/uploads/2017/01/ahp-action-transform-hlth.pdf>

Bite-size guides on patient insight

<https://www.england.nhs.uk/wp-content/uploads/2016/12/bite-size-guide-when-how-to-commission.pdf>

Early benefits of delegated commissioning

<https://www.england.nhs.uk/commissioning/pc-co-comms/dc-cs/>



Sustainable development guidance

[http://www.sduhealth.org.uk/documents/SDMP/SDMP\\_Guidance\\_Jan\\_2017.pdf](http://www.sduhealth.org.uk/documents/SDMP/SDMP_Guidance_Jan_2017.pdf)

Nearly 200 GP practices closed in 2016 alone, NHS data suggest

<http://www.gponline.com/nearly-200-gp-practices-closed-2016-alone-nhs-data-suggest/article/1421367>

Regional Review Of Medical Education And Training In The South West Of England

[http://www.gmc-uk.org/2016\\_South\\_West\\_regional\\_review\\_report.pdf\\_68503573.pdf](http://www.gmc-uk.org/2016_South_West_regional_review_report.pdf_68503573.pdf)

NHS efficiency map

<https://www.hfma.org.uk/publications/details/nhs-efficiency-map>

Fast discovery. The imperative for high velocity learning by everyone, about everything, all of the time.

<http://www.health.org.uk/publication/fast-discovery>

Confidentiality: good practice in handling patient information

[http://www.gmc-uk.org/Confidentiality2017.pdf\\_69037815.pdf](http://www.gmc-uk.org/Confidentiality2017.pdf_69037815.pdf)

Quality improvement: learning from innovations in the vanguards

<https://www.kingsfund.org.uk/blog/2017/01/quality-improvement-learning-innovations-vanguards>

Delivering high value health care

[https://www.kingsfund.org.uk/events/delivering-high-value-health-care?utm\\_source=The%20King%27s%20Fund%20newsletters&utm\\_medium=email&utm\\_campaign=7941459\\_Remail%3A%20Copy%20of%20NEWSL\\_The%20Weekly%20Update%202017-01-19&utm\\_content=ocdtitle&dm\\_i=21A8,4Q7O3,KOY8L,HPW0R,1](https://www.kingsfund.org.uk/events/delivering-high-value-health-care?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7941459_Remail%3A%20Copy%20of%20NEWSL_The%20Weekly%20Update%202017-01-19&utm_content=ocdtitle&dm_i=21A8,4Q7O3,KOY8L,HPW0R,1)

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