

## Health Management September - November 2019

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Kind regards

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### IN THE NEWS

#### [Government announces details of hospital building programme in England](#)

The government has announced a £2.8bn (€3.1bn; \$3.4bn) hospital building programme in England that will fund six new facilities between now and 2025. An additional 34 hospital rebuilds will be delivered between 2025 and 2030, subject to business case approvals, as part of a long term programme of investment. Announcing the plans at the Conservative Party conference in Manchester on 30 September, the health and social care secretary, Matt Hancock, described the scheme as “the biggest hospital building programme in a generation.”

30<sup>th</sup> September 2019

#### [The community mental health framework for adults and older adults](#)

The Community Mental Health Framework describes how the Long Term Plan’s vision for a place-based community mental health model can be realised, and how community services should modernise to offer whole-person, whole-population health approaches, aligned with the new Primary Care Networks.

29<sup>th</sup> September 2019

#### [Medical school places must double by 2029, says Royal College of Psychiatrists](#)

The number of medical school places in England should double from 7500 to 15 000 by 2029, the Royal College of Psychiatrists has said. This echoes a 2018 statement from the Royal College of Physicians calling for the same increase. The Royal College of Psychiatrists warned that, without an increase in medical school places, mental health services would implode. It said that the extra medical students could lead to

around 4497 additional consultant psychiatrists, helping the government to meet its aim to expand mental health services as set out in the NHS long term plan.

2<sup>nd</sup> October 2019

#### **[There And Back: What People Tell Us About Their Experiences Of Travelling To And From NHS Service](#)**

This briefing highlights what the public are saying about issues they face when it comes to travelling to and from NHS services, including issues with public transport, parking and non-emergency patient transport services.

7<sup>th</sup> October 2019

#### **[Developing Allied Health Professional Leaders: An Interactive Guide For Clinicians And Trust Boards](#)**

This is a guide to professional development opportunities and possibilities to support allied health professionals (AHPs) lead at all levels. It describes the common features of the AHP leadership journey, by combining insights and evidence from trust executives and chief AHPs. Its primary audience is aspiring AHP leaders and those with responsibility for developing the AHP workforce.

8<sup>th</sup> October 2019

#### **[NHS whistle-blower support scheme to roll out across the country](#)**

The NHS in England is to roll out dedicated support for members of staff who raise the alarm on unsafe practice.

8<sup>th</sup> October 2019

#### **[Report of the independent review of adult screening programmes in England](#)**

This report says that the NHS has the opportunity to upgrade cancer screening to save thousands more lives each year. It calls for people to be given much greater choice over when and where they are screened, and recommends that local screening services should put on extra evening and weekend appointments for breast, cervical and other cancer checks.

16<sup>th</sup> October 2019

#### **[The state of medical education and practice in the UK: the workforce report 2019](#)**

This report draws on the GMC's medical register data and findings from a new survey on doctors' workplace experiences. It sets out recommendations to help inform emerging workforce strategies and people plans across the UK. The data shows that the UK's medical register continues to grow, with many overseas doctors joining our workforce. However, the GMC states that health services must prioritise strategies to retain UK and non-UK trained doctors, and develop supportive workplace cultures with compassionate leaders.

24<sup>th</sup> October 2019

#### **[University Hospitals Birmingham eliminates prescription errors with in-house tool](#)**

University Hospitals Birmingham NHS Foundation Trust (UHB) has reported that an electronic prescription tool developed by staff has reduced the number of errors when prescribing a drug for paracetamol overdoses to zero.

19<sup>th</sup> November 2019

#### **[Doctors' wellbeing: GMC promises action](#)**

The General Medical Council has announced that it will work with other NHS organisations to improve doctors' wellbeing across the UK. The commitment is a response to a review it commissioned last year into the factors contributing to poor wellbeing among medical students and doctors. The report of the review, Caring for Doctors, Caring for Patients calls on employers to adopt minimum standards of food and rest facilities, as set out in the BMA's Fatigue and Facilities charter and to use the BMA and NHS Employers' good rostering guide to standardise the design of rotas

15<sup>th</sup> November 2019

#### **[Greater Manchester appoints suppliers to create a digital health platform](#)**

Greater Manchester has appointed a number of suppliers to help create a digital platform that will support the transformation of public services and empower people to take control over their own health, wellbeing and support.

15<sup>th</sup> November 2019



For references where there is a link to the full text, you may need to use your NHS Athens username & password to access <https://openathens.nice.org.uk/>

### [Making sense of effective partnerships among senior leaders in the National Health Service](#)

**Authors:** Mitra, Mahima; Hoff, Timothy; Brankin, Paul; Dopson, Sue

**Source:** Health Care Management Review October/December 2019 - Volume 44 - Issue 4 - p 318–331

**Background:** Changing health care systems depend on strong organizational leadership that realizes the collaborative potential of both physician and nonphysician leaders. **Purpose:** The aim of this study was to seek insight into the everyday health care leader experience by examining 24 physician and nonphysician leaders working in the U.K. National Health Service. We explored (a) how they make sense of and act with respect to specific collaborative tensions in their interactions and (b) which aspects of their everyday leadership contexts heighten the probability for producing and resolving such tensions. **Methodology:** We conducted 24 in-depth interviews with physician and nonphysician leaders in job titles including Chief Operating Officer, Managing Director, Medical Director, and Clinical Director. Ideas from the social psychological perspectives of sensemaking, organizational role theory, and organizational citizenship behavior helped frame the study. **Results:** We identified four areas of ongoing tension between senior leaders. Each of these was linked to a set of underlying drivers, with the strongest support for drivers with interpersonal roots. Effective strategies for resolving tensions involved significant effort by leaders at improving the interpersonal dynamics associated with everyday interaction and forging relational connections through enhanced trust within the leadership team. **Conclusion:** This study outlines the organizational and individual characteristics that lend to effective collaboration among senior health care leadership and the types of collaborative tensions likely to be experienced by senior health care leaders. **Practice Implications:** Organizations should provide greater role clarity for senior leadership roles, promote “soft” interpersonal competencies within them, and better assess potential leaders for success in senior roles. Organizational support in the form of facilitation, time, and spaces to learn together can provide a better context for collaborative decision-making. [Request this article from the library](#)

### [Leadership & Professional Development: Empowering Educators](#)

**Authors:** Daniel T Cronin

**Source:** J. Hosp. Med 2019;10;626. doi:10.12788/jhm.3231

My chairman of medicine in medical school was a looming, intimidating, diagnostic genius—and one of the best teachers I have ever had. As a sub-intern it seemed I learned more in one month with him than in my prior six months of medical school. After the rotation, I asked him how he became such an effective teacher. “Simple,” he said, “I invest significant time and effort.” But time is limited and you have to be smart with how you invest it. Here are three pearls that are a wise investment—they will make you a better teacher.

### [Attitudes about work engagement of different generations—A cross-sectional study with nurses and supervisors.](#)

**Authors:** Huber, P, Schubert, H-J.

**Source:** J Nurs Manag. 2019; 27: 1341– 1350.

**Aim:** This study investigated whether generation Y nurses (1981–1995) adopt a different attitude about work than generation X caregivers (1966–1980) and baby boomers (1956–1965). **Background:** Employees’ positive attitude to work engagement is a competitive factor for clinics. In age-diverse team structures, possible different attitudes can lead to conflicts. **Methods:** As part of a quantitative, descriptive, cross-sectional study with the survey instrument AVEM-44, health and nursing staff, as well as nursing directors and ward administrators, were interviewed. **Results:** A total of N = 992 individuals (n = 312 nursing

directors, n = 259 ward administrators and n = 421 nurses) were included in the study. Nurses and executives viewed generation Y as being less willing to give oneself out and as attaching less importance to work than generation X and the baby boomers. On the other hand, professional ambition was more important to generation Y than the older generations. **Conclusions:** Transformational leadership behaviour represents an approach to guide employees of different generations individually and to harmonize different attitudes. **Implications for Nurse Management:** To lead employees transformationally, it is necessary to know generation-specific differences concerning attitudes towards work.

#### [Risk Adjustment in Clinical Quality Measures: What Is Needed Next?](#)

**Authors:** Junqiao Chen, David Chun, and Olumayowa Tijani-Eniola.

**Source:** Population Health Management Volume: 22 Issue 5: September 26, 2019

[Request this article from the library](#)

#### [Getting Over the Hump: Realizing Benefit from Clinical Decision Support in Electronic Health Records](#)

**Authors:** Bates, David W.

**Source:** Joint Commission Journal on Quality and Patient Safety, Volume 45, Issue 11, 719 - 721

One of the biggest changes in health care in the last five years has been the widespread adoption of electronic health records (EHRs), both inside hospitals and in the outpatient setting—levels of use are now well over 90% in both settings. However, these EHRs are now nearly universally vendor-developed rather than “homegrown,” and the majority of earlier studies demonstrating improvement in safety, quality, and efficiency were done with internally developed EHRs.<sup>1</sup> Although data about the effects of EHR adoption on these areas following this transformation are sparse, they largely suggest that EHRs are not having much benefit. [Request this article from the library](#)

#### [Outsourcing non-clinical services in NHS organisations in England](#)

**Author:** Phillip Confue

**Source:** British Journal of Healthcare Management 2019 25:11, 331-336

Outsourcing of non-core activities has been a clear trend within corporate life for over 30 years. If implemented successfully, it can lead to positive organisational performance benefits. NHS England has gone through a process of change to a new public governance model, an approach that should have encouraged NHS managers to consider the opportunities that outsourcing could offer. Instead, there appears to have been a cultural resistance towards outsourcing. The only exceptions appear to be estate management and maintenance functions. This article discusses the culture among senior managers in NHS England that leads some to reject outsourcing services.

#### [Trust compliance with best practice tariff criteria for total hip and knee replacement](#)

**Authors:** Mr Ivor Vanhegan, Mr Andrew Sankey, Mr Warwick Radford, Mr Simon Ball, and Mr Charles Gibbons

**Source:** British Journal of Hospital Medicine 2019 80:9, 537-540

**Background:** Satisfaction of the best practice tariff criteria for primary hip and knee replacement enables on average an additional £560 of reimbursement per case. The Getting it Right First Time report highlighted poor awareness of these criteria among orthopaedic departments. **Methods:** The authors investigated the reasons for non-compliance with the best practice tariff criteria at their trust and implemented a quality improvement approach to ensure successful adherence to the standards (a minimum National Joint Registry compliance rate of 85%, a National Joint Registry unknown consent rate below 15%, a patient-reported outcome measure participation rate of ≥50%, and an average health gain not significantly below the national average). This was investigated using quarterly online reports from the National Joint Registry and NHS Digital. **Results:** Initially, the trust had a 31% patient-reported outcome measures participation rate arising from a systematic error in the submission of preoperative patient-reported outcome measure scores. Re-audit following the resubmission of patient-reported outcome measure data under the trust's correct organization data service code confirmed an improvement in patient-reported outcome measure compliance to 90% and satisfaction of all criteria resulting in over £450 000 of additional reimbursement to the trust. **Conclusions:** The authors would urge others to review their compliance with these four best practice tariff criteria to ensure that they too are not missing out on this significant reimbursement sum.

### [Involving hybrid professionals in top management decision-making: How managerial training can make the difference](#)

**Authors:** Giacomelli, G., Ferré, F., Furlan, M., & Nuti, S.

**Source:** Health Services Management Research, (2019). 32(4), 168–179.

Hybrid professionals have a two-fold – professional and managerial – role, which requires appropriate management skills. Investing on managerial training programs aims to empower professionals with managerial skills and competencies. Does this pay back? Assessing the impact of such training programs is still a limited practice. This paper explores whether participation in managerial training programs in healthcare can enhance the involvement of hybrid professionals (namely, clinical directors) in top management decision-making. The mediational effects of knowledge of performance information and its use are explored. Survey data were collected from more than 3000 clinical directors of 69 public health authorities from five regional healthcare systems in Italy. Relationships between participation in managerial training programs, performance management practices (i.e., knowledge and use of performance information) and the level of clinicians' involvement by the top management were studied using a three-path mediation analysis with structural equation modelling. Propensity score matching was also performed to mitigate selection bias. Knowledge and use of performance information positively mediate, both independently and sequentially, the relationship between clinical directors' participation in managerial training programs and the level of their involvement in decision-making. The results of the study suggest that managerial training can support hybrid professionals in engaging with managerialism and playing upward influence on top management decision-making.

### ['It's the relationship you develop with them': emotional intelligence in nurse leadership. A qualitative study](#)

**Authors:** Beryl Mansel and Alys Einion

**Source:** British Journal of Nursing 2019 28:21, 1400-1408

**Aim:** to investigate emotional intelligence (EI) and its relationship to nursing leadership. **Background:** strong, effective leadership is core to organisational competency and significantly influences care quality. EI is the ability to understand one's own feelings and to assess and respond to the feelings of others. It is linked to self-awareness, self-management, social awareness and social skills, all of which are vital in leadership roles. However, insufficient research explores EI in nursing leadership from the perspective of nurse leaders. **Design:** a qualitative study employed interpretive phenomenological analysis methods, using a purposive sample of band 7 sisters/charge nurses/team managers (n=5) from one Welsh health board. Semistructured interviews were recorded and analysed in four stages. **Findings:** four clusters of themes were identified, each with two to three subthemes. These were: sensing others—the empathetic leader; experiencing the affected sense of self; strategies employed to build the team; and reading the flux of the organisation. **Conclusion:** although the nurse leaders were unfamiliar with the concept of EI, their narratives reflected some core values of EI. However, significant barriers around time, pressure and staffing levels impeded their potential to use EI to become more effective leaders. Nurse leaders should harness the power of emotions to influence others to achieve excellent care.

### [Leadership and management: what's the difference?](#)

**Author:** Swanwick T

**Source:** BMJ Leader 2019;3:99-100.

It's more than 40 years since Abraham Zaleznick, in a now classic Harvard Business Review article, asked the question, Managers and Leaders. Are They Different? His conclusion was that 'yes', they were, and quite fundamentally so. Decades of debate have followed as leadership and management as distinct, if complementary, practices have been compared, contrasted and scrutinised through innumerable theories, frameworks and lenses. Zaleznick's fundamental point was that leadership was a creative process requiring imagination and an appetite for risk and uncertainty. Management by contrast tended to seek stability, order and control. And it is this polarity that has been at the heart of the management/leadership debate ever since. [Request this article from the library](#)

## [Developing clinical academic researchers: insights from practitioners and managers in nursing, midwifery and allied health](#)

**Authors:** Hazel Roddam, Lucy Cross, Rachel Georgiou, Josephine Gibson, Stephanie Jones, Philippa Olive, Grete Smith, and Lois Thomas

**Source:** British Journal of Healthcare Management 2019 25:9, 282-292

**Background/Aims:** Developing a clinical academic role in nursing, midwifery and the allied health professions is challenging because of the lack of a national career pathway, recognition and understanding of the role. This evaluation aimed to explore perspectives of aspiring, or active clinical academics, and healthcare managers in nursing, midwifery and the allied health professions about the benefits, barriers and enablers of engagement in these career pathways. **Methods:** In total, eight workshops were facilitated across England (four each for managers and prospective clinical academics), where 162 participants shared their experiences and perceptions of clinical academic research activities. **Results:** Three major themes were identified that related to the perceived benefits, barriers and enablers of engagement in these career pathways: building health research capacity, building individuals' health research capability, and improving patient care. **Conclusion:** This article demonstrates factors that are valued and perceived to be working well by practitioners and their clinical service managers, and highlights key priorities for further strategic support.

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- Let us show you how you and your teams can learn from others too.**

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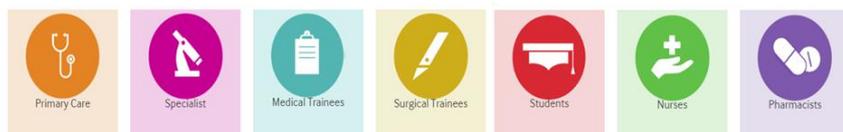


ELHT Library has subscribed to BMJ Learning for all staff and students. BMJ Learning provides continuing medical education that is high-quality, evidence-based and covers clinical topic, professional skills and career development.

BMJ Learning is an e-learning platform for healthcare students and professionals, providing free high-quality, evidence-based learning modules.

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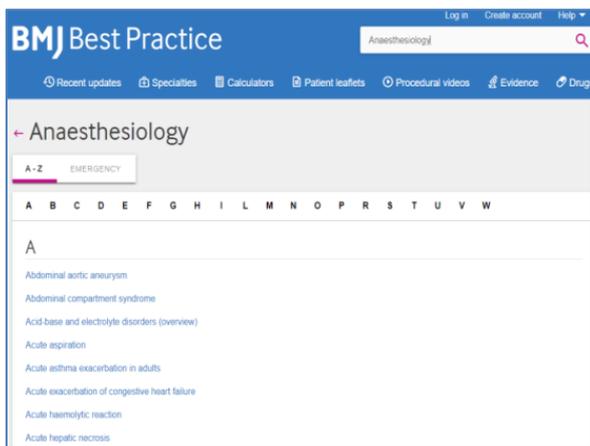
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## Reflective Reading Club

This is how the Reflective Reading Club works:

### Individual Learning – 1.5 hours CPD

1. You let us know you are interested.
2. We send you a short journal article and a small checklist of points to consider when reading it. Make notes as you read the paper in your own time and this earns you one and a half hours CPD time!

### Participatory Learning – 1.5 hours CPD

Our meetings takes just 1.5 hours

3. We meet for the club and discuss the article in a small group, reflecting on points whilst working our way through the checklist.

Participate in both sessions will count for a total of 3 CPD hours!

**Come and join our Reflective Reading Club** which will provide attendees with 3 hours of valuable CPD! It will give healthcare staff the opportunity to read, discuss and to critically reflect upon a published paper using a set of guided questions. Participants are required to read a pre-set paper prior to attending the session.

<https://twitter.com/beckystanworth1/status/1178709749409419264?s=20>

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*Did you know... that we have staff who can help support you in finding the evidence for **General Interest and Personal Development, Writing for Publication and Presentation, Research or Assignment, Education and Training, Evidence Based Practice for Patient Care, Service Management, Up-to-date Protocols and Guidelines.** If you require a literature search, then please do ask us. We can save you the time. Please share with your colleagues*

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## Library and Knowledge Services Team

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Clare Morton	Library Operational Services Manager
Patrick Glaister	Clinical Librarian
Judith Aquino	E-Resources Librarian
Sarah Glover	Library Services Officer
Charlotte Holden	Library Services Officer
Lauren Kay	Library Services Officer

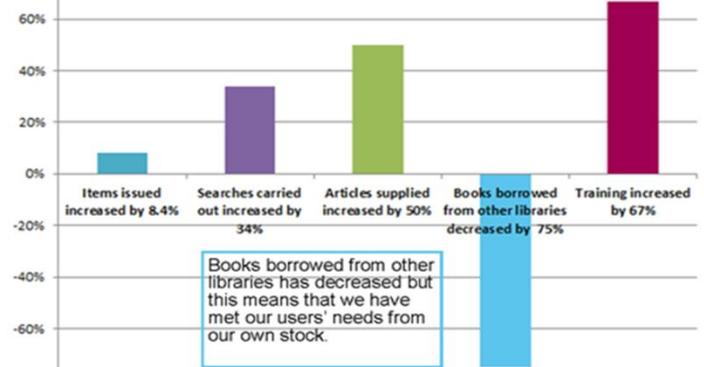
This is a good library service. In 2018/19 our Library was accredited as 92% compliant in the Library Quality Assurance Framework (LQAF)



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**Performance Indicators** – In Q2, we have increased delivery on many of our training programmes. This includes literature searches and our social media training. To ensure that these programmes are of benefit to the learner, we have implemented a range of tools to measure the quality and the impact of what we do. For example, our learners tell us that ***our library induction is the best induction that they have ever had at any Trust (FY2s)***. In addition to this, our social media training questionnaire has received very favourable comments, including ***“the training received has been brilliant and I can’t wait to use this to promote all the things that we do”***.

PERFORMANCE FOR ELHT LIBRARY AND KNOWLEDGE SERVICES FOR Q2 2019-20 COMPARED TO Q2 2018-19



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Bulletin or Guide and find out more about how we can support you, whether you are staff, student, or volunteers.

 East Lancashire Hospitals NHS Trust

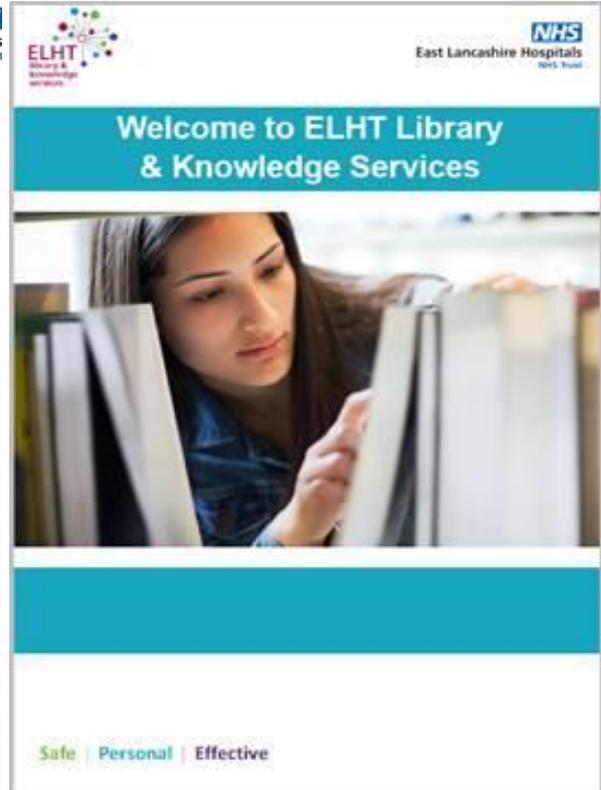
# Education @ ELHT News

September 2019

**Courses and Events**  
LIFT2 Pilot  
Psychiatry Foundation Fellowships  
Prince's Trust  
New Staff  
Vascular Nursing Study Day  
Learning Hub FAQs  
Learners' Lounge at BGTH  
Becoming an NHS Apprentice  
Time Management Courses

**IN THIS ISSUE**

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