Royal United Hospitals Bath
NHS Foundation Trust

Innovation and Quality Improvement

Current Awareness Bulletin

January 2026

Our Current Awareness Bulletins provide details of recently published articles in a given subject. They are a quick and easy way to keep up to date.

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New training via MS Teams available from the Academy Library:

- **Bitesize searching databases for evidence: a quick guide to help you develop your literature searching skills**
  45 minutes. Learn how to transform a question into a search strategy, and how to find the best evidence in a database.

  Next sessions: 13th February 2026 @ 3pm & 2nd March @ 4pm

- **Simple and painless evidence into practice (BMJ Best Practice and the LKS Hub)**
  30 minutes. Learn about quick and hassle-free ways to seamlessly incorporate evidence into your daily work.

  Next sessions: 2nd February 2026 @ 11am & 10th March @ 12 noon

- **Quickfire health literacy: communicating with patients more effectively**
  30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.

  Next sessions: 19th February 2026 @ 3pm & 27th March @ 4pm

Book a session today at https://forms.office.com/e/HyiSXfDaYV (these sessions will be held on a monthly basis)

Lean as a Healthcare Improvement Approach

Cambridge University Press; 2025.

This Element provides an overview of the evidence for the use of Lean in healthcare. The authors offer two case studies of attempts to implement Lean at scale, noting that implementation is not straightforward. Challenges include terminology that isn't always easy to grasp, perceived dissonances between the manufacturing origins of Lean and the human-centred world of healthcare, and problems with fidelity. The authors make the case that there is a lack of a robust evidence base for Lean.

Read online at https://www.cambridge.org/core/elements/lean-as-a-healthcare-improvement-approach/A656E368A6DEFA5D3A2BBADBF18B30C4

Patient care in temporary care environments

Health Services Safety Investigations Body

This investigation explores the management of patient safety risks associated with using temporary care environments, often referred to as ‘corridor care’ and ‘temporary escalation spaces’. These are spaces not originally designed, staffed, or equipped for patient care (such as corridors, waiting rooms and chairs on wards). The investigation specifically looked at acute hospitals in England, focusing on the patient safety aspects associated with the use of temporary care environments and how patient safety was being mitigated. The report explores how, where, when and why temporary care environments are used, what the associated patient safety risks are, and the impact on patients and staff.

Read online at https://www.hssib.org.uk/patient-safety-investigations/patient-care-in-temporary-care-environments/

Education and Training as Improvement Interventions

Cambridge University Press; 2025.

This Element provides a review of education and training design, implementation, and evaluation methods used in healthcare improvement. The authors describe five pillars of effective training. For each pillar, they provide actionable guidance based on the best available evidence. Three examples of quality and safety programmes are given to illustrate the positive impact of well-designed training, and the challenges of good training design in healthcare improvement.

Read online at https://www.cambridge.org/core/elements/education-and-training-as-improvement-interventions/F7B364FEF824AC2FABE15C6BF043A6F8

Evidence of mindsets that enable or block the implementation of decent, agile working in the NHS: a research report with recommendations.

University of Sussex; 2025.

This report challenges misconceptions about who benefits from flexible working to illustrate how more agile mindsets and approaches can mutually serve organisational and individual needs. The recommendations in the report aim to help workforce leaders harness the benefits of decent, agile working across the NHS. The report's findings will enable and inform the development of actionable resources for stakeholders.

Access the report via the **Read The Report** link at https://www.nhsemployers.org/publications/implementing-decent-agile-working-nhs

Explain THIS: Spread, Scale-Up, and Sustainability.

The Healthcare Improvement Studies (THIS) Institute; 2025.

Clear, practical guidance on spread, scale-up, and sustainability in healthcare improvement, with frameworks, planning questions, and resources to support teams implement and maintain improvements.

Read online at https://www.thisinstitute.cam.ac.uk/explain-this/spread-scale-up-and-sustainability/

Patient Safety and Artificial Intelligence: Opportunities and Challenges for Care Delivery

Institute for Healthcare Improvement (IHI); 2025.

This IHI Lucian Leape Institute report describes three use cases for generative artificial intelligence (genAI) applications in clinical care, including a detailed review of benefits and potential risks for patient safety; recommendations and mitigation strategies; an appraisal of the impact of genAI on the patient safety field; and considerations for key groups. (US focus).

Read online at https://www.ihi.org/partner/initiatives/ihi-lucian-leape-institute/patient-safety-ai

A framework to guide early planning (“the front end”) of large-scale change programmes in health and healthcare.

THIS Institute; 2025.

Developed through a collaboration between THIS Institute, Ipsos, and the Health Foundation, the framework can be used flexibly and dynamically. It offers questions to support early thinking about programme design and planning and makes evidence-based suggestions about what good looks like. Aimed at programme teams that include senior leadership.

Read online at https://www.thisinstitute.cam.ac.uk/research/outputs/a-framework-to-guide-early-planning-the-front-end-of-large-scale-change-programmes-in-health-and-healthcare/

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1. **Reducing Hospital-Acquired Pressure Injuries via a Quality Improvement Initiative: Results and Insights Gained**

Authors: Asiri, Mousa;Alanazi, Homoud;Alanazi, Homoud;Al-Ghareeb, Sahar;Alanazi, Bander Mohammed and Alenazy, Badr Ayed

Publication Date: 2026

Journal: JMIR Nursing

Abstract: Background: Hospital-acquired pressure injuries (HAPIs) remain a largely preventable cause of patient injury and are often utilized as nursing-sensitive quality metrics. At a tertiary military hospital in XXXXXX, rising HAPI rates necessitated implementing a comprehensive quality improvement program in accordance with the National Database of Nursing Quality Indicators (NDNQI) guidelines. On the basis of Donabedian's Structure-Process-Outcome model, we hypothesized that the implementation of a standardized, evidence-based pressure injury prevention bundle, accompanied by structured staff education (structure), will enhance adherence to prevention practices (process) and markedly decrease HAPI incidence and prevalence (outcomes) among hospitalized adult inpatients.; Objective: To assess the effect of introducing a standardized, evidence-based pressure injury prevention bundle and corresponding staff education on HAPI incidence and prevalence.; Methods: We implemented a comprehensive hospital-wide quality improvement project utilizing a pre-post methodology underpinned by Plan-Do-Study-Act (PDSA) cycles, statistical process control monitoring, and the FOCUS-PDSA framework. The strategy established a standardized preventive package for high-risk patients; it included routine risk and skin assessments, scheduled repositioning, pressure redistribution support surfaces, nutrition optimization with dietitian input, and moisture control. The primary outcomes were monthly HAPI incidence (per 1,000 patient-days), measured using wound care census and unit reporting, and quarterly HAPI prevalence, evaluated using NDNQI surveys by trained NDNQI link nurses, with >90% interrater reliability for staging.; Results: In the initial deployment phase (July-December 2023), the HAPI incidence rate was 2.32 per 1,000 patient-days (267 cases/115,314 patient-days). The incidence declined to 1.44 per 1,000 patient-days (330 cases/229,647 patient-days) in 2024 (38% reduction from the baseline) and to 0.88 per 1,000 patient-days (98 cases/111,589 patient-days) by June 2025, (62% reduction from the baseline). The prevalence decreased from 5.12% in Q3 2023 to 1.38% in Q3 2024 and remained low at 1.43% in Q2 2025.; Conclusions: Implementation of a standardized prevention bundle, supported by systematic

staff education, interdisciplinary collaboration, and periodic incidence and prevalence surveillance was associated with sustained reductions in HAPI incidence and prevalence over 2 years. These findings support a bundle-based approach to prevention, combined with real-time feedback and competency-driven teaching, as a scalable means of enhancing patient safety.; Clinicaltrial: none.

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2. **Artificial Intelligence in UK Hospital Medicine: From Innovation to Implementation**

Authors: Carroll, Dervla;Boodhoo, Vijna;Lowe, David J. and Carlin, Christopher

Publication Date: 2025

Journal: British Journal of Hospital Medicine (London, England : 2005) 86(12), pp. 1–26

Abstract: Artificial Intelligence (AI) has the potential to enhance patient care in the UK's increasingly pressured healthcare system. As AI's applications in healthcare are expanding, healthcare professionals should understand the processes underpinning how AI tools translate from research to clinical application. There are several stages: (1) training and validation on healthcare data, (2) generation of evidence demonstrating performance and safety, (3) regulatory compliance, (4) AI product procurement, (5) implementation in clinical settings, and (6) ongoing monitoring and oversight of deployed AI. Each step presents unique challenges and opportunities that can influence successful integration. Clinicians should understand AI's capabilities and limitations to ensure its appropriate and effective use in practice. This review aims to provide a structured overview of the AI adoption pathway in healthcare, with a view to supporting clinicians in critically appraising its potential and limitations, optimising its integration into clinical practice, and engaging with AI in an informed manner.

Sources Used:

A number of different databases and websites are used in the creation of this bulletin.

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