

# GWHNews

## A Year in Review

# 08 09

Great Western Hospitals **NHS**  
NHS Foundation Trust

### Welcome

We have now been a Foundation Trust for a year and during that time we have continued to provide safe, high quality care and improve patients' experiences. We are proud of our achievements - dramatically improving waiting times (better than the national position), developing services and creating more time for "hands on" patient care. We have also made significant improvements in hospital acquired infection and overall patient safety.

None of this would have been possible without the tireless efforts of our staff and volunteers and we pay tribute to them for everything they have achieved.

Our first annual members meetings were attended by over 200 members and we will use the positive feedback and constructive questions to help shape the way we deliver care to patients.

As we approach a more challenging financial climate, we will build on the

improvements we have made for patients in Swindon, Wiltshire and the surrounding areas and ensure that they remain the focus of everything we do as an organisation.

**If you are not a member or wish to volunteer, we would be delighted to hear from you.**

**Bruce Laurie**, Chair

**Lyn Hill-Tout**, Chief Executive



### Maternity

In 2008/09 we delivered

# 4,083

babies at GWH

## More time to care...

Following a period of intensive testing and development which identified that nationally nurses spend on average only 40% of their time on direct patient care, the Institute for Innovation and Improvement launched the Productive Ward programme. This initiative enables nurses to identify where the other 60% of their time is being spent. It requires wards to look at their activity objectively and identify areas which can be streamlined to free up more time for direct patient care.

The Great Western Hospital began implementing the Productive Ward in February 2009 on two pilot wards. It was such a success that the programme has now been rolled out to 14 wards with the aim of all wards running the

programme by May 2010.

The implementation of the Productive Ward programme involves a multidisciplinary team for each ward, for example medical and nursing staff, physiotherapy, pharmacists and housekeeping, and improves channels of communication between each group of staff to ensure the patient is always the central focus.

The result is that patients feel more involved with their care and treatment, there are fewer complaints and staff experience greater job satisfaction. Audits of the two pilot wards have shown that by implementing the Productive Ward programme nursing staff have been able to spend 20%

more time on direct patient care and that positive changes made through the initiative are being sustained.

Staff are enthusiastic about this project and feel empowered to suggest and make changes. They have a real sense of ownership and responsibility for their wards as Jo Hutton, Ward Manager for Saturn ward, explains:

“ ”

“Since implementing the Productive Ward programme, staff tell us that equipment is now easy to find, the ward is more organised and the environment and atmosphere is tangibly calmer. In general the ward is a much better place to work and nurses have more time to spend with patients”.

# A day in the life of an Infection Prevention & Control nurse

Lisa Hocking has worked for the Trust since she started her training in 1990. She describes a typical day at the Great Western Hospital in her role as an Infection Prevention & Control Nurse.

**8:00AM**  
The first thing I do is to check the lab results to see if any cases of Clostridium difficile (C Difficile) have been confirmed overnight. I will then check my emails, most of which will be about healthcare acquired infections, and respond to as many as possible. I ensure the cleaning supervisors have an emailed list of any side rooms that require enhanced cleaning throughout the Trust. I also liaise with the Emergency Department and the Acute Assessment Unit to ascertain if anyone has been admitted with the swine flu H1N1 virus. If there have been any admissions, this will be followed up.

**9:30AM**  
I attend the site management meeting to inform them of any new infections – both in our Trust and within the wider community – so that everyone is aware of the situation in the surrounding hospitals throughout Wiltshire. This prepares us for what we can expect to see coming through our doors at GWH. For example, if there's an outbreak of the winter vomiting virus in the local area, we can't necessarily stop it from entering the hospital but we can help to contain it and stop its spread. We will alert the public by putting up posters in the hospital and in the community, advising them to use hand gels and not to visit patients if they are feeling unwell.

After the meeting, the site manager might ask me to visit a particular area of the hospital if we have encountered an infection trouble spot. Every Wednesday morning, I join the walkabout with the Chief Executive. This is a planned visit to a particular department or ward to check the cleanliness of the building and to deal with any issues at individual ward level.

**10:00AM**  
I conduct a ward round to check on any C Difficile and MRSA patients. Every patient who comes in for planned surgery is now screened for MRSA on admission. I check on the individual management of each patient with a healthcare acquired infection, to help ensure they recover as quickly as possible.



**12:30PM**  
Before lunch, I am involved in mandatory clinical skills induction training for nurses. I teach them the fundamental infection prevention skills they need in order to continue good practice when working with patients in the wards.

**1:30PM**  
I will answer any calls on my pager. Now that we have highly effective screening and hygiene measures in place, my role focuses more on infection prevention rather than on control, but I get the occasional bleep asking for advice - for example, someone wanting to know how best to deal with a case of diarrhoea on their ward.





## 2:00PM

The Trust is committed to being more environmentally friendly and is working towards reusable/washable nappies in the maternity unit, so I am invited to attend a meeting with Swindon Borough Council, the maternity services and the laundry service. I need to be satisfied they will meet hygiene standards. For example, that the nappies will be washed at a certain temperature setting and that no bleach will be used. The Wildlife Trust also attends this meeting as they are spearheading the programme to use cloth nappies rather than disposable ones.

Another day, I may meet with an equipment manufacturer to ensure any new piece of equipment they are designing meets strict infection control standards. They ask for our input at an early stage and will modify the design if it's not up to infection prevention standards.

All ward equipment needs to be designed so it's easy to clean – there should be no nooks and crannies or dust traps.



## 3:00PM

I get back to my desk and check my emails again. These can be anything from a request for information, to being asked to check that the infection control aspect of a particular policy or procedure has been properly covered.



## 4:00PM

Just before I leave, I ensure all issues of the day are in hand and plans are in place should there be an infection outbreak, so ward staff know exactly what they have to do. As an Infection Prevention & Control Nurse, every day is different and I get immense satisfaction from the fact that I'm part of the team that's successfully driving down infection rates in the Great Western Hospital.



# Vital Volunteers

The Great Western Hospital is extremely fortunate to have a large team of committed and enthusiastic volunteers. Every single one provides a valuable service to our patients and gives tremendous support to our staff.

Collectively, our volunteers possess a vast range of skills, knowledge and experience which assist our staff in providing high-quality healthcare. They also help to make a patient's experience a less daunting one, at what can sometimes be a difficult time.



For many, volunteering after leaving school is an opportunity to experience a hospital environment before starting work or going to university. For others, it's a step on the ladder to fulfilling their ambition of working full-time within the NHS. For retired people, it's a great way of keeping active and interacting with new people. In fact, our volunteers range in age from 17 to 86, and many have been with us for years. Some have given us 25 years or more of sterling voluntary service.

There are 39 placement areas around the hospital that a volunteer can choose to work in, from the outpatients' clinic to physiotherapy, from rheumatology to any of the wards. Each volunteer plays three key roles: befriending patients, assisting patients at mealtimes, and helping nursing staff by undertaking such tasks as refilling hand gel dispensers and making beds. They work a minimum of three hours a week for a period of at least six months.

**Carol Orrow, Volunteer Services Manager, said:**



"I look after the 171 Hospital Volunteers but GWH also has a large body of volunteers who work for the WRVS, British Red Cross and Hospital Radio. Volunteering, in whatever capacity, provides much-needed additional support and friendship. All our volunteers form an essential part of the hospital team and each one of us here at GWH greatly appreciates and values their hard work."

## Volunteers

On average, we receive  
**29**  
enquiries a month about becoming a volunteer

The total number of Volunteers at GWH, as at 31st August 2009 was  
**294** as follows:

Hospital volunteers	<b>171</b>
WRVS shop volunteers	<b>54</b>
WRVS escorts	<b>29</b>
Red Cross volunteers	<b>15</b>
Hospital radio volunteers	<b>25</b>

# Spotlight

## on the User Involvement Group

The Cancer User Involvement Group at the Great Western Hospital gives significant support to our Cancer Management Team to help improve the way local cancer services are delivered. It also works jointly with local cancer support groups, ensuring the patient's voice is heard throughout the entire system.

The Group has been working alongside the Cancer Team since 2001. Lorraine Hayward, User Involvement Lead for Cancer Services, talks about the work of the Group.



### **What is the main role of the User Involvement Group?**

“To look strategically at the way cancer services are currently delivered and to shape future services. Our purpose is to ensure services are delivered appropriately, meet national standards, adhere to cancer waiting times, enhance the patient experience and promote local community involvement. Where service changes are proposed, the Group listens to and acts upon patients' views, to ensure everyone has their say.”

### **How else does the User Involvement Group make a difference?**

“The Group secured initial funding for a Cancer Information Point at the Great Western Hospital. Anyone who attends the hospital now has open access to a whole range of useful information on every aspect of living with cancer. The Cancer Information Point is staffed entirely by volunteers who hand out booklets and leaflets, and who are available to answer any questions a patient, family member, or carer may have. All volunteers are supported by our Clinical Nurse Specialist Team.”

“Whether someone is looking to join a local support group or needs access to further resources locally and nationally, they'll find all the information they need here. And, I'm delighted to say that in 2006 the volunteers who staff the Cancer Information Point won a Special Achievement Award from Pride of Swindon for the vital contribution they make in delivering patient information.”

### **Who are the members of the User Involvement Group?**

“Members include cancer patients, carers, and health care professionals from across the locality, representatives from

local cancer support groups, Prospect Hospice members, the Lead Cancer Nurse and Cancer Manager, Macmillan and other local partners. Essentially, it's open to anyone who wants to be involved strategically in working together for service improvement and delivery of cancer services for our local population.”

### **What is the Group's remit?**

“This is a patient-driven group, so the remit is to provide a patient's view on everything we do. The scope of work we're involved in is very wide ranging, looking at all kinds of issues, from dignity in care, to GP referral routes, to NICE guidance, patient pathways, new technologies, national cancer programmes and, more recently, radiotherapy and survivorship programmes. Members have jointly completed Peer Review Programmes, reviewing service delivery alongside clinical members.”

### **How do you work with local cancer support groups?**

“Part of my role is to connect to the local support groups such as abc (Affected by Cancer Support Group), HUG (Haematology United Group), and Swindon Breast Cancer Support Group. I make sure each group has direct representation at User Involvement level so that their voices are heard. That means, regardless of what we're trying to develop, change or introduce, the patient's voice will always be represented, helping to drive forward any change or improvement in service. Before we put anything new into practice, we communicate our plans to all the members of the various groups to get a patient's view and a carer's view of what we're trying to achieve.”



# Our achievements

## In 2008/09, we

- Achieved the highest level of care standards (NHSLA 3) for our maternity services
- Repatriated maxillofacial and spinal surgery to provide care locally
- Increased one stop clinics for patients
- Extended ICU outreach at weekends to support junior doctors, ward nurses and reduce clinical risk
- Developed a rapid recovery programme for knee and hip replacements to improve patient experience and reduce length of stay
- Developed 13 condition based clinics for high risk pregnancies
- Reduced the number of healthcare acquired infections to below the trajectory set by the Department of Health
- Gained Clinical Pathology Accreditation – reassuring users of the service both in the Trust and community of our high quality service.

## Operations

---

In 2008/09 we performed

**17,878**

planned operations and

**2,497**

emergency operations

---

## Get Involved

If you're aged over 12 and a resident of Swindon, Wiltshire, West Berkshire, Gloucestershire or Oxfordshire you can become a member of Great Western Hospitals NHS Foundation Trust.

To find out more about becoming a member or to obtain a membership registration form or to change any existing member details we hold for you, please contact Karen Smith, Membership Officer at:

Tel: 01793 604185 E-mail: [foundation.trust@gwh.nhs.uk](mailto:foundation.trust@gwh.nhs.uk)

You can also register to become a member online at <http://members.gwh.nhs.uk>

## Outpatients

---

In 2008/09 we saw

**124,895**

new outpatients

---



## Diagnostics

---

In 2008/09 we performed

**8,310 MRI scans**

In 2008/09 we analysed

**1,552,250  
blood tests**

---

## Length of stay

---

On average a patient stays with us for

**3.2 days**

if they have had an elective  
(planned) admission and

**4.5 days**

if they are an emergency admission

---

## Emergency Department

---

In 2008/09 **62,628**  
people attended Great Western  
Hospital's Emergency Department and

**98.26%**

were seen and treated within four hours

---



# Improving end-of-life

**When terminally-ill patients are nearing the end of their life, our priority is to ensure the care we continue to give them is the high standard they deserve.**

As part of this, respecting the wishes of each patient and their family as to where they choose to end their life is paramount. So, whether they spend their final days at home, in a hospice, or in the Great Western Hospital, we will do everything we can to ensure they receive an excellent standard of palliative care.

## Prospect Hospice

In 2007, the Prospect Hospice in Wroughton began a Palliative Care service with the Great Western Hospital. This has proven to be very successful and, as part of the hospital's programme to improve and expand our end-of-life care, we purchased the use of two beds at Prospect Hospice earlier this year.

Chris Grist, General Manager, Diagnostics and Outpatients Directorate, explains why the Great Western Hospital and Prospect Hospice have forged a close partnership:

"Both the hospice and the hospital are striving to provide a better service for the part of life's journey that many people tend to forget: those who, sadly, we are unable to provide treatment for.

"Our main emphasis is on ensuring the patient is where they want to be for their end-of-life care. We also work closely with the families to make sure that, if they are bringing their loved one home, they can feel confident they are able to cope. Often, if a patient needs to have medication to control their symptoms, they may feel it's preferable to spend their

final days at Prospect Hospice, with a clinical team who can provide round-the-clock care. The Palliative Care team at Prospect Hospice works closely with our staff to identify which patients would like to move to the hospice and which would prefer to go back home - and arrange their transfer accordingly."

The Palliative Care team cares for all terminally-ill patients, including those with a non-malignant disease. Michelle Smith, one of Prospect's Clinical Nurse Specialists in Palliative Care, says: "Increasingly, we look after people with terminal conditions such as motor neurone disease and heart failure. We also have an increasing number of elderly patients with dementia referred to the service."

## Palliative care training

The Palliative Care team at Prospect Hospice also provides training on a wide range of palliative issues at the Great Western Hospital. Topics include symptom control, emotional support and end-of-life care. The service has developed a strong link nurse forum who work alongside them to achieve the high standard of palliative care delivery.

Tina Churchill, also a Clinical Nurse Specialist in Palliative Care at Prospect Hospice, explains:

"We teach GWH nurses how to communicate with terminally-ill patients and their relatives. We also enhance their knowledge of symptom control and explain how the drugs they administer work. We will conduct whole-day sessions for them on a regular basis here at the hospice, so they can increase their general confidence in how to look after patients coming to the end of their life, and so provide a better standard of care."

## Continuity of care

Chris Grist concluded by saying:

"As a result of our partnership with Prospect, we have introduced the 'Liverpool Care Pathway' throughout the Trust. This is recognised as the national gold standard of care for dying patients and was developed to take the best of hospice care into hospitals and care homes.

"We knew there was a great deal we could do to make end-of-life care much better for our patients. By working closely together with Prospect Hospice, GWH can not only provide continuity of care for the terminally ill but we can also provide a level of care that's greatly improved. And that's a major step forward we are extremely proud of."

