

Stakeholder update January 2012

This briefing is issued by Great Western Hospitals NHS Foundation Trust on a regular basis to our partners and key stakeholders in the local community to keep you informed about developments at the Great Western Hospital and in the community in Wiltshire.

Key items this month:

1. Care Quality Commission inspection update
2. Quality and safety update
3. National recognition for Research and Development at the GWH
4. New technology to support training at the GWH
5. Releasing more time to care in our Community Hospitals in Wiltshire
6. Financial update
7. Car parking at the Great Western Hospital

1. CQC inspection update

The Great Western Hospital received another unannounced inspection in early December focussing primarily on hospital theatres, nutrition/hydration and the use of extra bed spaces. This follows a number of inspections of other parts of the Trust during the course of 2011 and highlights the expanded inspection programme being undertaken by the CQC which has been well documented in the media.

The Inspectors visited two wards during their visit and the final report was published by the CQC on 25th January and highlighted two issues where further work is needed to ensure the hospital meets two key outcomes monitored by the CQC:

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights (looking at Theatres)

Outcome 05: Food and drink should meet people's individual dietary needs (looking at nutrition and hydration issues)

The Trust takes inspections by the CQC very seriously and we use their findings as an opportunity to explore ways we can improve the care we provide. At the GWH staff see and treat over 400,000 people a year providing them with very good, personal care. From the feedback we receive, the vast majority of patients have a positive experience but it is acknowledged that there will always be areas where the Trust will need to improve to ensure patients are getting the best care possible.

As a Trust we do not solely rely on these inspections to tell us how we are performing. We also use patient feedback and a vast range of quality measures to understand how we provide care and from that what we can do differently in the future. We have completed an action plan addressing the points raised by the CQC and submitted it to them and its progress will be monitored by the Trust Board to ensure we have covered all of the key issues.

Initial actions taken include:

Theatres

Re-launching the World Health Organisation Safer Surgical Checklist to ensure thorough checks before and after surgery are carried out reducing the risk of surgical errors. We are looking to make sure that there is a consistent approach to these checks across all of our 15 theatres so that the 71,000 operations we do each year have the relevant checks carried out to the same standard in a consistent way.

Placing sole responsibility for these checks with the Surgeons and one of our Surgeons (Mr Adam Brooks, Consultant Orthopaedic Surgeon) will be the surgical champion for this initiative across the Trust. This line of accountability and responsibility will help strengthen processes and procedures to reduce the risk of mistakes.

Recently the Trust invited staff from Plymouth Hospital to come to the GWH to share their learning and experience following a number of 'Never Events' that happened at their hospital. Plymouth are now considered to be leading the way on safety in this area and it is important we learn from other organisations who have had to go through similar learning experiences as we have.

Extra bed spaces

What are extra beds? Extra beds are the same as the other beds used on wards. A bay usually has four beds, as a hospital we always remain open and there are occasions when we need extra beds to treat patients so we do not turn anybody away. In these instances we put a fifth bed in the bay and ensure they have access to the same sorts of facilities as the other beds and the same level of privacy. Actions taken include:

Ensuring all extra bed spaces have access to lights, call bells, lockers and curtains to maintain privacy and dignity giving access to the same type of facilities available in other beds on the ward. This work has already been completed as noted by the CQC in their report.

Matrons are monitoring the use of extra beds spaces to check that no patients are being cared for in areas without these facilities.

Undertaking a bed reconfiguration review to ensure we have the right number of beds in the right location to meet patient needs. One of the aims of which is to reduce the use of extra beds to a minimum using them only when absolutely necessary during the busiest times.

Nutrition and hydration

Rolling out a new hydration device called the Hydrant which makes it easier for patients with mobility issues to drink fluid without assistance helping them to maintain a regular intake of water. This has been trialled on Jupiter Ward recently and has proved successful in making a real difference to ensuring proper hydration. Read page 16 of the Trust magazine detailing this new device http://www.gwh.nhs.uk/media/135615/horizon_winter_2011.pdf

Putting in place weekly Matrons 'walk arounds' specifically looking at issues of nutrition and hydration checking documentation to monitor how records are being completed to seek assurance that patients are receiving the food and drink they need to assist with their recovery. These 'walk arounds' will be in addition to the other general rounds the Matrons carry out to maintain standards in their area.

2. Quality and safety update

Infection control

The Trust is pleased to report strong performance in relation to the level of Clostridium difficile (C.diff). In early January at the South West NHS Chief Executive's Forum Swindon and the Great Western Hospital were highlighted as one of the best performers in the country for infection control. This is due to a sustained effort and focus over recent years on bringing rates down - In five years we have seen a 75 % drop in MRSA and a 90% drop in C.diff.

As infection control rates improve, the limits we are set each year for MRSA and C.diff are moved lower making it harder each year to not exceed these limits. It is therefore recognition of the good work taking place that we continue to perform well on this issue which is reassuring for patients. The locally agreed limit for C.diff cases for the Great Western Hospital is for there to be no more than 39 acute cases. The cumulative total of GWH apportioned cases so far this year is 13, which is 16.25 cases better than trajectory.

One of the areas that are contributing to a fall in C.diff rates within the Trust is a tough approach to antibiotic prescribing. A smarter approach to prescribing leads to a reduction in C.diff rates as the use of antibiotics to treat other infection can trigger the C.diff bacteria. As part of a sustained focus on tackling this issue, at the end of November the Trust took part in the annual European Antibiotic Awareness Day at the GWH.

This is a Europe-wide public health initiative which focuses on raising awareness amongst health professionals and the general public about the appropriate use of antibiotics. Pharmacy staff used the day to talk with patients and staff about the use of antibiotics and discuss the updated antibiotic guidelines we use throughout the hospital.

For MRSA we have a limit of two cases over the course of the year and this limit has been reached with two cases to date. We are focusing significant effort to ensure we do not exceed this limit. All of these figures should be seen within the context of over 400,000 patient contacts each year at the GWH.

We are also required to monitor and report on other infections such as MSSA and E Coli and we take the same robust approach to managing these as we have done with the more widely known ones of MRSA and C.diff.

Norovirus

As a Trust we have been doing well in preventing the spread of Norovirus with only a small number of wards having to be closed so far this winter because of the bug. Norovirus remains an issue in the wider community therefore the Trust is actively encouraging people to stay away from our hospitals if they have had Norovirus symptoms in order to protect our patients and staff.

The Trust will continue to take a proactive approach to reducing the risk of infection through the use of good hand hygiene and anti-viral gels within the Trust and will be issuing regular reminders to the public about not visiting friends and family in hospital if they have been in contact with anyone who has had the bug.

3. National recognition for Research and Development

The Trust has recently been recognised by the National Institute for Health Research Clinical Research Network for the way we have promoted a research culture within the organisation. In many respects GWH NHS FT performs as well, if not better than many bigger Acute Trusts when it comes to aspects of our research, for example drugs trials.

The Trust oncology trials team, led by Dr Norbert Blesing and Sister Helen Winter have also been commended by the Thames Valley Cancer Network in their recent 10th Anniversary Awards where we were nominated for the best collaborative work across the network.

Our success in this area is down to the teams within the organisation who support and promote research under the leadership of Dr David Collins, Consultant Rheumatologist and Director of Research. Involvement in research of this nature brings real benefits to patients and service users as it opens up more opportunities for treatment for local people.

4. New technology to support training at the GWH

As part of the Trust's £2.5m investment in a second Cardiac Catheter Laboratory which opened in April last year at the GWH, TV cameras were installed in the lab to help train medical students and junior doctors. Funded by the Trust's Charitable Funds, the Cameras went on trial towards the end of last year and are now being used to aid teaching, enabling students to watch operations in real time in the Academy. The facility will help educate medical students and other people in training for things like angioplasty and pacemaker fitting helping to speed up the referral process and improve patient care in this area.

5. Releasing more time to care in our Community Hospitals in Wiltshire

Nursing staff in community hospitals in Wiltshire will soon be able to spend more time on direct patient care thanks to the launch of a new improvement programme. The Trust is rolling out the Productive Community Hospital initiative to community hospitals in the county. The programme provides practical tools to help clinical teams maximise the potential of the services in a community hospital setting.

The aim of the project is to help community teams identify where time can be saved and to reinvest that time into direct patient care. The programme has nine modules looking at all aspects of the ward

environment, including admission and discharge, managing drug administration and multidisciplinary team working. The project was launched on Ailesbury Ward in Savernake Hospital at the end of January, and is now 'twinned' with Aldbourne Ward at the GWH to share expertise and best practice.

The project is part of the Productive Ward Programme, a national initiative from the NHS Institute for Innovation and Improvement, which found that nationally nurses were spending on average 40% of their time on direct patient care. At GWH the Productive Ward Programme was launched back in 2009 and all 21 wards are at various stages of implementing it which is a significant achievement for the Trust.

Some wards, such as the Children's Unit, have doubled the amount of time spent with patients. Saturn Ward saved 114 hours per year by simply re-organising their linen trolleys, the equivalent of a full-time nurse working for three weeks. Jupiter Ward saved 112 hours by moving where their storage of fluid was; and by reviewing their medicines management, Woodpecker Ward reduced the time they spent searching for drugs which had previously equated to 20 days a year.

6. Financial update

The Trust has a financial savings target of £16.5m for 2010/11 and has a range of projects and plans in place to deliver these savings and release efficiencies where possible. We originally planned for a break even financial position at the end of the year and during the second part of the year the financial situation has got more challenging. As at the end of December we have a deficit of £1.2m with a risk that we could end the year with a deficit of £1.3m which could grow to £4m if the plans we have implemented to reduce the deficit are not sustained.

£10.2m of savings have been made across the Trust so far this year against a year to date target of £13.1m and our activity levels remain below 2010/11 levels on a like for like basis. We continue to do all we can to release savings to bring down the deficit closer to our original plans but continue to deliver high quality services for our patients and users.

7. Car parking at the Great Western Hospital

The early teething problems experienced with the new patient, visitor and staff parking system which went live at the end of November have largely been resolved. The new system has freed up 10% more spaces for patients and visitors and under the new system, even at the busiest times of the day, spaces remain available for patients and visitors.

Reading some of the media coverage at the start of there year, you could be forgiven to think that the parking system does not work at all but on the whole it is working as it should – patients are getting to clinics on time and staff are getting into work. The Trust has been working closely with the supplier of the system, Parkare, to resolve any outstanding reliability issues and since the New Year the technical aspects of the system have been much more reliable.

We committed to staff that we would lift restrictions for them over the Christmas period given that demand for parking is low with many people on leave. On Wednesday 4th January the hospital site experienced a significant amount of additional traffic as a result of the lifting of the restrictions for that week and extra traffic from patients and visitors during a particularly busy week for the hospital.

Although it only lasted for approximately 30-40 minutes, the traffic problems impacted on the local area. The problems have highlighted why the hospital needs to have restrictions in place for staff to manage demand for parking. We will use the learning from lifting the restrictions over Christmas to inform whether restrictions are lifted for future holiday periods. The Trust will be reviewing the new arrangements in March to ensure the original aims of the scheme are being met and whether adjustments to the car parking need to be made. The review will include staff and patient input to get a wider perspective on the changes that have been made.

*Should you require any further information on any of the topics listed above please contact:
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