



**Golden Jubilee
Foundation**

Patients at the heart of progress

Health Promoting Health Service (HPHS) Summary Report

2015-18



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The Golden Jubilee Foundation's journey with HPHS commenced in 2012. The Board has taken a different route to other Health Boards due to the specialised nature of the services provided. The feedback reports in 2013 and 2014 for CEL (1) 2012 detailed the progress made in specific areas, agreed with HIS. Notable Successes were described in the areas of Smoking, Food and Health, Healthy Working Lives and Physical Activity.

For CMO (2015) 19 reporting, the emphasis changed and included all Special Boards and how they could contribute to the HPHS aim. As the Golden Jubilee Foundation was already working to a number of the original aims the reports gave more detail. Areas of success reported were Food and Health, Staff health and Wellbeing, with Gold awards in Healthy Working Lives, Mentally healthy workplaces and achieving the healthy Living Award +. The Foundation noted barriers to progress associated with Clinical engagement, challenge associated with timings within the patients journey which limited opportunities for health promotion messages. The 2017 report answered recommended areas for improvement; describing emergent and anticipated outcomes associated with the forthcoming Hospital Expansion, and Digital developments that would enable better measurement of the HPHS impact. Successes with the Health and Wellbeing Centre in the conference hotel and a number of health promoting initiatives for staff were detailed.

For 2018 the report has given Boards an opportunity to tell their story, in a format that best communicates for each Board the progress and initiatives that have been delivered over the last 3 years. Choosing an Info graphic approach using the recommended questions as prompts has enabled the staff teams to select the evidence and data that they consider best represents the work achieved. The 5 questions: What we did and why, What we delivered, What difference did we make, What did we learn and what's next, have been interpreted in individual ways.

Details associated with Food and nutrition and staff health and wellbeing are included, there is focus on Clinical areas, and one specialised section which describes the work of the Scottish Adult Congenital Cardiac service. This is an area of care whereby the Golden Jubilee Hospital is able to directly influence health promotion in a number of ways highlighted through HPHS opportunities. There are specific examples of work that supports HPHS: the INsPire project as a support for post ICU patients and Schwartz Rounds which offer a staff support mechanism.

The GJF continues to review how HPHS work and Health Inequalities work becomes embedded in patient pathways; the digital strategy for the hospital has this as a focus in work for EPR and patient pathway work. The expansion is a significant focus for the Board at present and the information presented illustrates how this work is supported.

The Board acknowledges areas where there is challenge, and where a lack of data in relation to HPHS activity limits improvement activity. The forthcoming self assessment tool will be used as a baseline to build upon.

The following report is a celebration of the progress there has been in our unique setting.

Equalities and Inequalities

What have we done?

We continue to work towards achieving our equalities outcomes for 2020 to ensure that:

- Our workforce culture is more inclusive and staff enjoy equality of opportunity.
- Our service users receive services based on their needs.
- We actively engage with our staff, patients and the public to improve our services.
- We do not miss opportunities to realise positive health inequality outcomes.

What difference did we make?

Our Glasgow Centre of Inclusive Living trainee has worked with our expansion project team to ensure that the new ophthalmology unit is fully equality impact assessed. This has been a fantastic experience for our Board, our graduate trainee and the new Ophthalmology Unit which will be modern, accessible and fit for purpose”.

We continue to work with third sector and Scottish Health Council to ensure that we engage with the public in the most meaningful manner, redesigning how we receive feedback on that basis.

We continue to signpost staff and patients to financial support networks when suitable.

What's next?

We are looking to continue to deliver against our equality outcomes and will have a focus on employment from the local jobs market in Clydebank. We will do this by working with West College to open up more job opportunities.

We will focus on health inequalities work, and be creative in our approach within this Board.

What did we deliver?

- We continue to train all our staff and managers on equality and diversity and Health Inequality work now receives specific focus.
- We have reviewed our EQIA process.
- We are looking to be accredited as a Carer Positive Employer alongside our recognition for investors in young people and a Disability Confident leader
- We retained our status as a top 100 employer by Stonewall.
- We have developed a guide for staff and added fields into the track care system to help assist with patient demographic information to ensure we are providing services which meet individual needs.
- Created a clearer role for lay reps and provided training for them.
- We are working with three largest employers in West Dunbartonshire to combat Domestic Abuse.

What did we learn?

We learned that equality impact assessments are hugely important and must be completed using expertise and passion to really win the hearts and minds of users. With that approach and with education, people understand how individuals can be adversely affected when the guidance is not followed.

Hospital Expansion

What have we done?

The Golden Jubilee National Hospital is expanding with an aim to ensure there is high quality and adequate provision of elective care services to meet the needs of an ageing population.

Phase 1 will deliver additional capacity for cataract assessment and treatment for the West of Scotland population. As part of our approach to include the local population and our users we held a series of stakeholder engagement events including design statement workshops, with an emphasis on accessibility but also staff wellbeing. The design has been considered specifically to address morale, and resilience in the team. We also sought wider feedback about the ophthalmology service by inviting patients to complete a feedback questionnaire. There was a good response rate of **75%**.

96% of patients said they would recommend the ophthalmology service to family and friends.

94% of respondents said it was worth travelling to the Golden Jubilee for their procedure.

What difference did we make?

Explaining the proposed options and models of care along with early involvement in the design statement has allowed our main stakeholders to have the opportunity to feedback and comment on the expansion work being carried out in the Golden Jubilee National Hospital. We now have an invaluable network of stakeholders who are engaged with the process and are eager to continue to support the expansion programme, some have since joined working groups and strong links have been formed through attendance at further events. Staff will have ownership of the final design.

What's next?

We will continue to involve our stakeholders in future expansion events and take ensure that they receive regular updates from the team.

We will work to develop a travel plan which will look at improvements which may maximise the proportion of walking, cycling and public transport trips to and from the hospital, presenting this as a health benefit. Increase awareness of the sustainable travel options available to both staff and visitors by emphasising health and well-being benefits and reduce reliance on the private car as a means of accessing the site.

We will consider how to incorporate wellbeing opportunities for staff and locals in the surrounding hospital grounds.

What did we deliver?

A total of 50 people participated at the stakeholder events and were a mix of patients who had experienced the cataract service at the Golden Jubilee, volunteers, third sector representatives, the Scottish Health Council and a range of staff who currently work in ophthalmology. We asked for feedback and comment in key areas.

- Are the challenges we face in the future for Cataract Surgery clearly described within the document?
- What works well in our current service?
- What in our current service does not work so well?
- Views on our proposed solution within the initial agreement.

We have delivered a design that has patient accessibility and staff comfort at its centre, and an operating model that will support this.



What did we learn?

Staff felt that there were significant workforce benefits in developing an integrated cataract unit as well as an improved patient pathway. They felt this would positively impact on their health and well being and enable personal development.

The proposed solution appears to provide an improved environment for patients and the staff who work there. Participants were keen to have walking routes that provide safe access for disabled staff, patients and visitors i.e. wheelchair accessible walking routes.

Health and Nutrition

What have we done?

The dining room has retained the Healthy Living Plus award with healthy interesting and inviting choices. As a fresh produce site able to create bespoke meals for patients. Finalist for HCA – Staff Health and Well Being Award.

Positive feedback from patients:

“Excellent, the meals are absolutely delicious and appetising”

We achieved Scottish Conference Hotel of the Year Award 2017.

Identified that there was a lack of health and nutrition within our menus for both public guests and conference delegates. BBar and Grill has adapted a Health and Wellbeing section to our new menus to work alongside the Centre for Health and Wellbeing. Each dish within this section is no more than 500 calories and holds ingredients purposely selected to either increase a health or wellbeing aspect for the customer.

Our Healthy living Delegate package is currently offered to all enquiries. This package is aimed at delegates who desire a more health conscious conference from our Morning slow releasing energy boost smoothie to our pick me up boost balls in the afternoon.

During a conference break we found that “Good hydration means good concentration”, for all conference breaks we have our Hydration Station with unlimited Hydration juice filled with healthy properties and Zinc to increase concentration levels.

We know good nutrition supports recovery, and positive healthy choices are available, together with promotion from staff and dietitians other family members are exposed to better nutrition.

Increased guest awareness of the health and wellbeing within food, highlighting certain meals as high in fibre, high in protein and energy boosting capabilities. We support a wide variety of dietary requirements from across the globe, as we did when we held the World Haemophilia Federation conference in May, which was for 180 delegates with individual requirements.

Offering out to the local community who use the facilities, expanding the Health and Wellbeing section within our new menu to incorporate a wider health conscious clientele.

We plan to continue to deliver a Health and wellbeing delegate package that is at the forefront of Conference and Banqueting by extending our offer from the day delegate package to our banqueting menus.

What's next?

What did we deliver?

Hospital has taken part in the National Hydration and Nutrition days where we served afternoon tea to all of the patients in on these days including the clinics. This was part of a National project to highlight the importance of keeping hydrated and eating healthier.

Complying with the HLplus award for the dining room and providing 70% sugar free drinks has resulted in staff becoming used to and enjoying the new offers. 50/50 uptake with traditional choices.



Conference hotel has Health and wellbeing dishes sold within BBar every day.

Use on average nine litres a day of Hydration juice for our conference delegates.

Breakfast boost smoothies were introduced into BBar and Grill and have been popular with our Centre for Health and Wellbeing customers.

What did we learn?

Valuable contribution to patients and wider families for healthy choices, from all outlets and retail – becoming the norm.

Growing importance of the Health conscious guests within our BBar area, as sales of healthy choices continue to rise and more and more guests have stricter diets.

Hydration doesn't just end with juice, there is a growing need to push this into both food items and to be more flexible in terms of accessibility for all guests

Health and Wellbeing

What have we done?

- Built relationships with Occupational Health and Rehab to work closely and improve staff Health and Fitness levels.
- Surveyed staff and public for what they would like to see introduced to The Centre for Health and Wellbeing. Used feedback to look at all areas we could improve and deliver what the staff and visitors wanted to see.



Centre for Health and Wellbeing

at the Golden Jubilee Foundation

What did we deliver?

- Rehab bring staff down to use the Gym or Pool for physio which has already helped make the staff return to work sooner.
- Introduced a Swimming School.
- Introduced a Spa Therapist and Nutritionist which has been very popular.
- Introduced Walking, Running and Cycling routes for Guests.
- Have completed several staff fitness challenges over the year and stats will show this to be a major success.



What difference did we make?

Over 200 staff currently own Staff Memberships

30 day staff challenge 2017	6 week challenge 2018	8 week staff team challenge 2018
Fat burning challenge where nutritional advice was offered along with personal trainer workouts.	Increase awareness and working alongside Motion Analysis Lab to look at staffs Mobility.	To motivate teams to get more physically active and taking blood pressures to make staff aware of stress levels.
30 staff completed	41 staff completed	143 staff (35 teams) completed

What did we learn?

- Accessibility and affordability Staff Membership is £30 per month or they now have £3.50 Pay As You Go option with 1500 staff entrances during 2017 /18. Facility also available for community.
- Have increased and improved our Fitness Classes.
- Staff enjoy competitive nature of challenge.



What's next?

- Extend the range of healthy eating options available.
- Explore integrating green environmental policies with our health and wellbeing strategy.
- Reducing use of plastic cups in fitness areas.
- Building on staff usage of fitness classes and equipment.

What have we done?

InS:PIRE (Intensive Care Syndrome: Promoting Independence and Return to Employment) is a rehabilitation programme designed to help support patients and their loved ones after an intensive care stay.

Physiotherapy exercise prescription involving six week programmes and outcome testing.



What difference did we make?

The attendees have felt listened to and not rushed like they do at GP or Consultant appointments. They have gained from peer support and realising that they are not alone in how they feel, cope and deal with things. One family member has stated that InS:PIRE has given her "my mum back". Medicine reconciliation has helped greatly as we found people from Cohort 1 still on meds that should have been stopped. Psychology input has been invaluable to all attending and carer strain has been indentified as a bigger issue than we ever thought.

What's next?

We will be arranging a 12 month meeting for Cohorts 3 and 4 as well as three month and 12 month meetings for Cohort 5. We are hoping to run a 6th Cohort and are working on a business plan to have InS:PIRE funded by the hospital so that we can run regular Cohorts each year. These Cohorts may differ in the way they are run, but will still provide the same level of support to patients and their families. It is hoped that this becomes standard practice.

InS:PIRE



What did we deliver?

- Five Cohorts of InS:PIRE programme completed. 15 physiotherapy programmes to improve functional outcomes.
- 31 ex-patients and their families have participated.
- Three participants now volunteering at the hospital.
- Cohort 3 – 75% patients returned to work.
- Cohort 4 – one patient missed part of the programme due to mountain walking in peru.
- Cohort 5 – working through the programme. Including a Monklands ICU patient who lives nearby.

What did we learn?

Staff have enjoyed seeing people back to being people not patients. Have highlighted areas of practice that we need to look at and addressed these. A positive experience, building up a different type of relationship with patients and their families weekly.

The success so far indicates a need to have a programme in place for post-ICU patients.

Delivering MOT's to staff

What have we done?

Delivering mini MOTs to staff, who may otherwise not attend GPs for health checks, which have on occasions led to earlier detection of health issues that were then addressed. Continue to deliver mentally healthy workplace training, to give teams a better chance of detecting staff that may need support and then offering Cognitive Behavioural Therapy (CBT) or signposting for our staff to various different support mechanisms.



What difference did we make?

The CBT service has helped keep people at work who may have required time off and has also helped support people back to work following a period of absence.

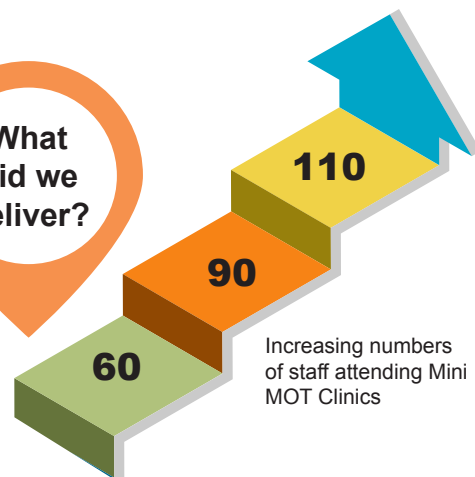


The Mentally Healthy Workplace course allowed me to develop skills to enable me to identify staff who may require support and equipped me with the knowledge of available support and how to access this.

What's next?

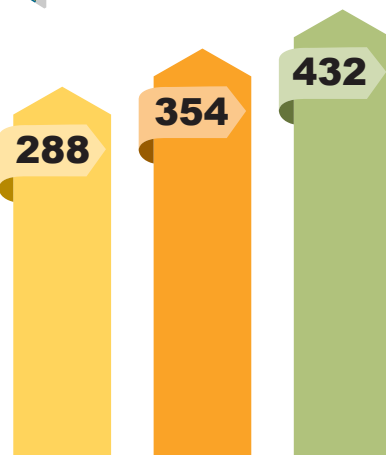
1. We will continue to offer the MOT's on an annual basis, and specifically address the needs of harder to reach staff who do not traditionally take up health improvement support.
2. We will continue to deliver the MHW workshops, making it available to employees throughout the organisation.
3. We will continue the CBT service aiming to increase the number of therapists available and also the range of services we can potentially access.
4. We will maintain our Healthy Working Lives gold status.

What did we deliver?



Mini MOTS open to all employees, OH staff checked Bloods, Cardiovascular stats, BMI etc. Advice given on smoking alcohol diet and other lifestyle factors.

CBT sessions accessed by staff have increased year on year with demand increasing and confidence in the support also increasing.



What did we learn?

- Mini MOTs – it can be difficult to reach some individuals you feel could benefit from attending and having time to discuss their health concerns e.g. obesity and offer them support.
- Mental health – is a difficult topic for people and they can feel unsure about how to approach the topic. We hope by opening up this area of health we have helped to decrease some of the stigma surrounding mental health within the workplace.
- CBT – there is always a demand for the service and through the evaluation we ask employees to complete at the end of their sessions they tell us how beneficial they have felt the service was for them. Positive effects on their life both work and non work. Most tell us they would recommend to friends and colleagues.

Rehabilitation

What have we done?

Occupational Health (OH) Physiotherapists

- Asking employees who access the service 'What Matters to You' (WMTY).
- Annual health promotion campaigns focusing on activity and exercise engagement to promote health and wellbeing amongst staff. Department by department visits to deliver educative talks.

Cardiothoracic Prehabilitation project

- Ongoing research pilot on 'preoperative rehabilitation'. With emerging evidence of reduced length of hospital stay, improved functional capacity, quality of life, fewer peri and post operative complications.

Eras Orthopaedic Physiotherapy / Occupational Therapy

- Preoperative group – based education and practical session delivered to hip and knee replacement patients to encourage a sense of wellness and responsibility within the patients' selves. Joint school is well established and more recently includes Foot school and a new foot and ankle protocol document.

What difference did we make?

Occupational Health (OH) Physiotherapists

- 100% staff either agreed or strongly agreed that the physiotherapist effectively addressed 'what matters to me'.
- 48% of staff did not meet the minimal recommended activity levels. Encouragingly, 95% were interested in being more active.

Cardiothoracic Prehabilitation project

- We have limited results so far but, on average, demonstrating reduced hospital length of stay and physiotherapy treatments by two days.

Eras Orthopaedic Physiotherapy / Occupational Therapy

- Shorter length of stay.
- No foot and ankle outpatient referrals falling through the net.
- More day of surgery discharges.



Occupational Health (OH) Physiotherapists

- Continue to ask the question "what matters to you".
- Activity and Exercise OH campaign: engage the employees who do not meet the minimal physical activity levels required for health gains. We propose to launch the campaign 'Fitforlife'.

Cardiothoracic Prehabilitation project

- Physiotherapy Prehabilitation: This is an ongoing pilot. Results so far suggest that prehabilitation should be made standard care and practice for all routine cardiothoracic patients.

Eras Orthopaedic Physiotherapy / Occupational Therapy

- Use different mediums to share the message We aim to capture all relevant patients who attend clinic regardless of the clinic day - Joint School – A joint school video is due to be launched in August to improve educative content and standardisation of delivery. A foot school video will follow.

What's next?

What did we deliver?

Occupational Health (OH) Physiotherapists

- We asked 82% of employees in 2016 and 91% in 2017 the question "what matters to you".
- Activity and Exercise OH campaign: We delivered 14 health promotion sessions to staff from October 2016 to August 2017 to provide information on physical activity.

Cardiothoracic Prehabilitation project

- Recruited and completed measures on 25 patients so far. Recruitment continues.

Eras Orthopaedic Physiotherapy / Occupational Therapy

- Joint school has been running three times daily Monday to Friday.
- Foot school runs three times every Thursday with attendance climbing from 46% to 74%.

Example of responses:

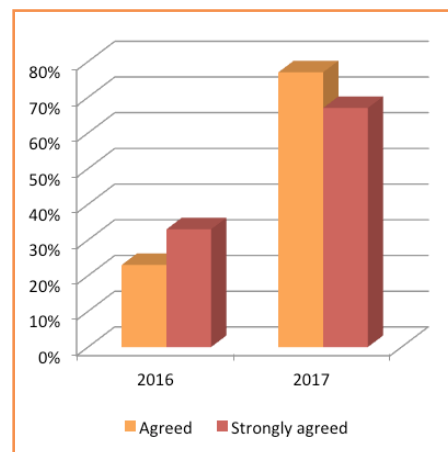
'The treatment I received was excellent, and as a result of the exercises I was given was able to walk a few weeks later without any pain'

(Physiotherapist) 'took the time to consider my work commitments and also how my lifestyle out of work could be contributing to my pain'.

what matters to you?

'I appreciated very much the speed with which I was offered an appointment, how thorough the assessment was and how person-centred the treatment approach was. I couldn't have asked for a better experience'.

Physiotherapy effectively addressed what mattered to me



What did we learn?

Occupational Health (OH) Physiotherapists

- WMTY is person centred and enables us to tailor OH physiotherapy plans and achieve greater patient engagement and satisfaction. Activity and Exercise OH campaign: allowed us access to staff members who did not meet the recommended activity levels, and provide information for these people on how to become more active.

Cardiothoracic Prehabilitation project

- Physiotherapy Prehabilitation: patient engagement and fitness leads to better post-operative outcomes.

Eras Orthopaedic Physiotherapy / Occupational Therapy

- Joint School – patients who attend joint school feel more informed and make a faster early post-operative recovery to enable reduced length of hospital stay. Foot School – we are generating the same positive outcome as joint school. Patients feel more informed, especially regarding postoperative recovery timescales and expectations, leading to easier discharge and fewer return appointments. Follow up Physiotherapy is in place at the right time, with no delays and no missed referrals.

Scottish Adult Congenital Cardiac Service (SACCS)

What have we done?

PSYCHOLOGY – Between Oct 2015 - March 2016 specialist nurses within SACCS, supported by psychologists, carried out an audit to determine levels of anxiety and depression in adults with congenital heart disease attending the national clinic.

MATERNITY AND BREASTFEEDING – Over the last 10 years, 32 women have delivered their baby at the Golden Jubilee National Hospital. Delivery of a woman at the GJNH is reserved for patients who are at significant risk of serious morbidity and/or mortality around the time of delivery due to their cardiac condition. This includes some women who are born with heart conditions (congenital heart disease), those with advanced heart failure and also women with complications of acquired heart disease. The safe delivery of a woman at the Jubilee is only possible with the assistance of the obstetric and neonatal teams from local health boards.

DENTAL HEALTH – Example of process improvement
Patients with prosthetic material in the heart due to previous surgical procedures and patients with leaky heart valves are most at risk of endocarditis. Due to discord and repeated change between national and international guidelines there was a need for patient information cards to support patients and dentists in assessing who is most at risk and who therefore require antibiotic prophylaxis.

CONTRACEPTIVE CARE – Example of process improvement
Cardiac disease is the leading indirect cause of maternal mortality in the UK. It is therefore essential that patients with a known cardiac diagnosis are informed of their risk in pregnancy and are provided accurate information regarding safe and effective methods of contraception. We carried out an audit of patients attending SACCS clinic to determine the level of contraceptive advice provided to women of childbearing age attending the clinic. This was compared to a similar audit carried out in 2011.

What difference did we make?

PSYCHOLOGY – During this audit the SACCS service had access to a psychologist or psychology assistant as determined by the patients needs. Two examples where psychological input were extremely beneficial are:

- One patient was profoundly needle phobic to the point it was not even possible to mention taking a blood sample. With the help of psychology support she was able to have bloods taken and in time be admitted for her valve replacement. Two years later she feels well and has maintained progress in managing her needle phobia.
- Another patient had 20 presentations to A&E in one month related to anxiety. With appropriate psychology input this reduced significantly.

MATERNITY AND BREASTFEEDING – Separation from their child is a traumatic experience for these patients. The ability to maintain contact with their baby via video link is imperative. One patient said:

Facilitating breast feeding ensures the mother feels she is actively part of the baby's development even though they are in different hospitals.

CONTRACEPTIVE CARE – Women are provided with an opportunity to discuss pregnancy and contraception in the context of their heart condition with consideration given to other co-morbidities. This is done at their routine clinic visit or at a pre-pregnancy counselling clinic. Women can make more informed choices

What's next?

PSYCHOLOGY – Nursing staff within SACCS continue to assess for psychological distress in patients attending the service. The PHQ-4 has become a part of routine clinical practice.

MATERNITY AND BREASTFEEDING – Continuing education of use of cardiac medications in pregnancy to other healthcare professionals to ensure woman with a cardiac diagnosis are supported in breastfeeding.

CONTRACEPTIVE CARE – Working with colleagues in other Boards we have developed a guideline for healthcare professionals to ensure that women attending cardiology are provided with consistent advice in this area. The guideline not only provides advice on safety of contraceptives in cardiac disease but also advice regarding teratogenic drugs and the need for pre-pregnancy counselling. Patient information leaflets are being developed in response to the audit carried out.

What did we deliver?

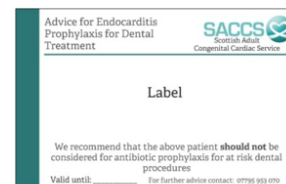
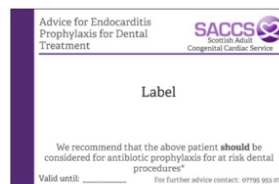
PSYCHOLOGY –
196 near consecutive patients were screened using the validated tools

MATERNITY AND BREASTFEEDING –
Babies delivered at the Jubilee are transferred to a local neonatal unit after delivery. Mother and baby are separated until the mother is discharged from hospital. Babycam facilities are utilised to allow the mother to see her baby even though they are physically separated, allowing the mother to watch her baby and also two-way communication with the teams caring for her baby.

Facilitating breastfeeding: Working with local midwives allows for the provision of breast pumps to allow the mother to express milk that can then be transferred to the unit her baby is staying. Where the patient's condition allows, if the mother chooses to breastfeed a review of medications takes place to ensure we prescribe medications we know are suitable for use in breastfeeding

DENTAL HEALTH

We developed two sets of cards, one for patients who did not require antibiotic prophylaxis for dental procedures and another card for those who do. The patients label is attached to ensure the advice is specific to that patient.



Standard Business Cards: Reverse side

Indication for IE prophylaxis:

*At risk dental procedures include those that require manipulation of the gingival or periapical region of the teeth or perforation of the oral mucosa

Situation	Antibiotic	Dose*
No penicillin allergy	Amoxicillin	2g
Penicillin allergy	Clindamycin	600mg

*30 - 60 mins before procedure
ISC Guidelines for the Management of Infective Endocarditis, 2015

Standard Business Cards: Reverse side

It is important to continue good dental hygiene

This includes:

Brushing your teeth morning and night
Attending the dentist every six months

Patients and dentists have commented that these cards have been useful in informing appropriate use of antibiotics.

CONTRACEPTIVE CARE – Patients are provided with disease specific information on what we know of their risk in pregnancy. For the highest risk patients this is delivered with a consultation with a cardiologist and obstetrician and information is presented in the form of infographics via PowerPoint. Advice on the safest and most effective methods of contraception is provided on an individual patient basis supported by leaflets from the Family Planning Agency. We have also developed links with sexual health services to facilitate implementation of this advice.

What did we learn?

25%

Depression

25% of patients attending SACCS outpatient clinic presented with clinically significant levels of depression.

21%

Anxiety

21% of attendees presented with clinically significant levels of anxiety.

30%

Depression or anxiety

Almost one-third (30%) of SACCS patients presented with clinically significant levels of anxiety and/or depression.

When patients demonstrate psychological distress, a letter is sent to their GP to request local referral to psychology services.

Outpatient Health Promotion

What have we done?

- Increased the number of pre-op practitioners available and pre-op appointments.
- Considered the holistic side of patient pre-assessment.
- Introduced a trial of the pre-habilitation service for one specific consultant.
- Staff education – web programmes, CME's, external classroom modules and in-house training sessions.



What difference did we make?

- Introduction of diabetic and dietetic reviews.

Case study:

- 70 year old male, type 2 DM with medication
- Weight: 101.7kg
- BMI=35kg/m²
- HbA1c=81mmol/mol (Dec 2017)
- Weight: 85.4kg
- BMI=29kg/m²
- HbA1c=35mmol (Apr 2018)

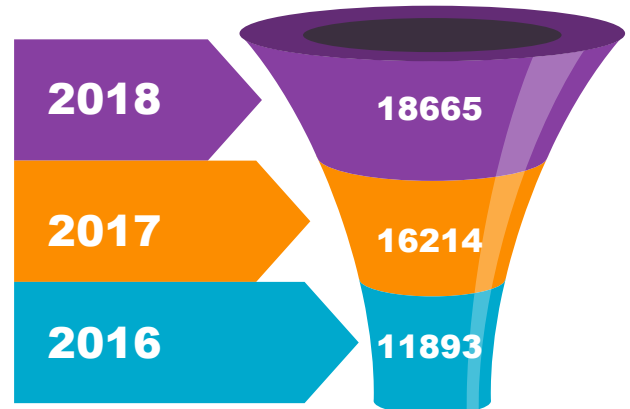
Summary: over 15% weight reduction in four months.

What's next?

- Gradual increase in the numbers of patients having pre-habilitation carried out.
- Pre-habilitation education for staff and patients.
- Source leaflets and information in regards to health improvement/health inequalities.
- Routinely question patients about potential health inequality issues.
- Devise a database for external Health Promotion departments within other health boards.

What did we deliver?

An increased number of patient appointments.



Resulting in an increased opportunity for pre-habilitation and pre-op assessments.

What's did we learn?



- Identified the need for good preparation by patients prior to surgery.
- Identified the need for health promotion.
- Identified health inequalities.
- Identified the value of Pre-Habilitation.
- Brief interventions into smoking cessation and alcohol reduction.

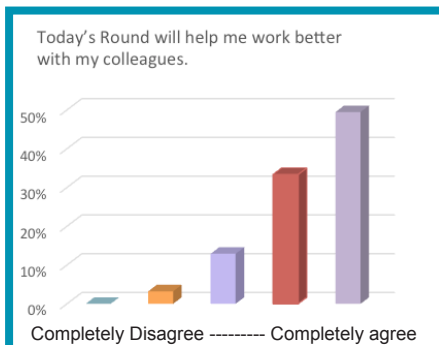
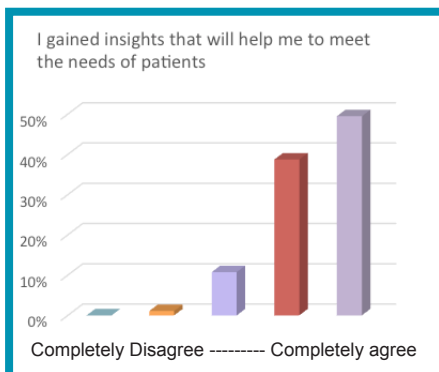
Focus on Schwartz Rounds

What have we done?

Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. The underlying premise for Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but that in order to provide compassionate care staff must, in turn, feel supported in their work.

What difference did we make?

Evaluations include:



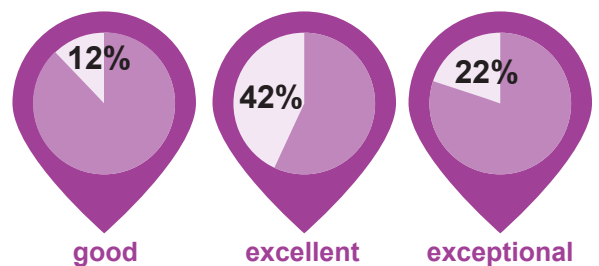
What did we deliver?

The Rounds are hosted at the hospital once a month with audiences of up to 50 at a time who hear the stories and share their experience.



What did we learn?

Staff were given the opportunity to give feedback following the last six Schwartz rounds. The figures below reflect the feedback received.



All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.

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كافة مطبوعاتنا متاحة بلغات مختلفة و بالأحرف الطباعية الكبيرة و بطريقة بريل الخاصة بالمكفوفين (باللغة الإنكليزية فقط) و على شريط كاسيت سمعي أو بصيغة بديلة حسب خيارك.

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