

Meet the team
Hospital
School

p3



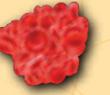
Paediatric surgeons
pioneer keyhole
surgery

p8



'No more clots'
campaign to
reduce
VTE

p9



Dr Michael Rayment and Dr Patrick Roberts are among the staff who have helped to pilot HIV testing in the Emergency Department

Chelsea and Westminster Hospital NHS Foundation Trust is the biggest HIV treatment centre in Europe and our staff have often led the way in improving services and spearheading research.

Two new projects to improve access to HIV testing show that Chelsea and Westminster remains at the cutting-edge of this specialist area of medicine.

Chelsea and Westminster projects increase access to HIV tests

Research demonstrates success of HIV testing in Emergency Department

A new research study by clinicians at Chelsea and Westminster Hospital has demonstrated that offering HIV tests to patients in the Emergency Department is accepted by both patients and staff and successful in detecting new cases of HIV.

The study, by Dr Michael Rayment and colleagues, was presented at the Joint Conference of the British HIV Association (BHIVA) and the British Association for Sexual Health and HIV (BASHH) in April—and subsequently reported by the *British Medical Journal* (BMJ).

It also involved Dr Ann Sullivan, Consultant Physician based at the John Hunter Clinic, and Dr Patrick Roberts, Consultant in the Emergency Department.

The aim of this study, which was funded by the Department of Health and the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Northwest London, was to assess the feasibility and acceptability to both patients and staff of routinely offering HIV tests in an Emergency Department.

Dr Keith Radcliffe, President of BASHH, told the *BMJ* that more than a third of people with HIV get a late diagnosis which causes avoidable morbidity,

mortality and transmission of the virus to other people—routinely testing patients coming to the Emergency Department is one way of diagnosing HIV at an earlier stage.

The Chelsea and Westminster research study, carried out over a three-month period, showed that of 3,049 eligible patients offered an HIV test, 2,123 accepted.

Of these 2,123 patients, four new HIV diagnoses were made and all four patients were transferred to care.

Before the study started, staff working in the Emergency Department had anxieties about both the feasibility of carrying out testing and the reaction of patients.

Focus groups of staff held after the three-month research study demonstrated a high level of satisfaction among staff that carrying out testing was both feasible and acceptable to most people.

Further work has been undertaken in the Emergency Department, with the support of the CLAHRC for Northwest London, to establish the most sustainable ways of continuing to offer HIV tests in the department.

New rapid HIV testing advertising campaign launched at 56 Dean Street

Last year the centre was responsible for making 20% of all new HIV diagnoses among gay men in London and staff at 56 Dean Street are keen to continue and improve on this trend.

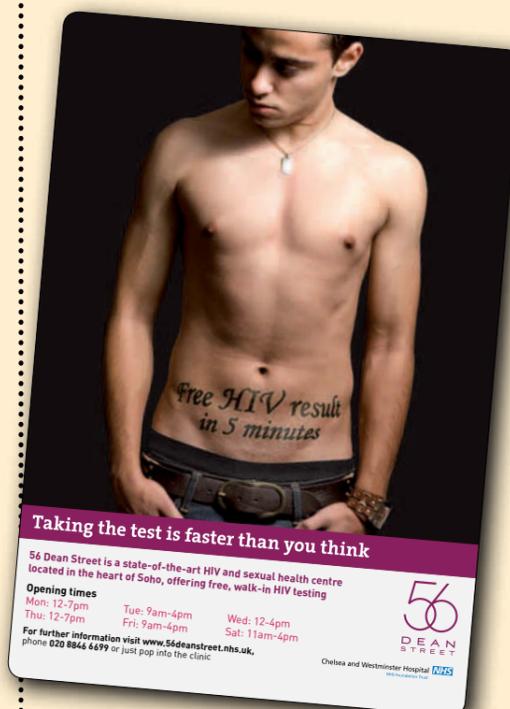
Dr Alan McOwan, Service Director for Sexual Health at Chelsea and Westminster Hospital NHS Foundation Trust, says: "We want to remind people that 56 Dean Street offers the world's fastest HIV antibody test.

"Working with healthcare communications agency 90TEN Healthcare, our campaign visually communicates to everybody that anyone can receive a result in just five minutes.

"One in nine gay men have HIV and two-thirds of undiagnosed men think they are HIV negative, so it is essential to emphasise how easy and accessible it is to get tested. Data shows that testing early can add 16 years to someone's life."

The advertising campaign has been featured in gay media, at Leicester Square tube station and on the iPhone application Grindr.

An animation has been displayed on video screens outside DV8, the gay lifestyle store on Old Compton Street, to advertise 56 Dean Street's proximity to most gay bars and venues in Soho.



A new campaign to encourage more regular HIV testing in the gay community has been launched by 56 Dean Street, the Trust's modern and hi-tech sexual health centre in Soho.

56 Dean Street offers free on-the-spot HIV testing and Hepatitis B vaccinations as well a full range of more comprehensive sexual health services and advice.

Quick bites

Doctors wins poster prize

Congratulations to Specialist Trainees Dr Iona Meryon and Dr Cosmo Scurr and Consultant Dr Gary Davies who won the competition for best poster at the Patient Safety Congress 2010, a major national event held in Manchester in late May.

Their poster was on the subject of 'Improving documentation and handover communication for hospital inpatients using standardised weekend management planned stickers'.

Defaced notices

The Trust takes its legal responsibilities around promoting equality and eliminating discriminatory practices very seriously, and is equally committed to creating a respectful and pleasant environment for staff and patients and visitors.

Unfortunately, a number of Trust posters have been defaced with derogatory comments that could be offensive to some groups of staff, patients or visitors.

It is not known who is responsible but such acts of graffiti are completely unacceptable and show a lack of respect for Trust property.

Staff are asked to be vigilant to prevent acts of graffiti.

If you notice that Trust property or information has been defaced, or see a fellow colleague or member of the public defacing Trust property, please report this immediately to the Estates and Facilities helpdesk on x52424.

You can also help by taking down the poster and handing it to the Estates and Facilities team.

Hand hygiene watch



Audits conducted throughout the hospital during May have shown a small decrease in hand hygiene compliance.

Visitors to the hospital can contribute to high standards of hand hygiene by using the alcohol hand gel which is widely available throughout the hospital.

Hand hygiene audits conducted by Infection Control Link Professionals (staff who are responsible for infection control in their areas of the Trust) showed that the Trust had an 82% compliance rate for May—a drop from 86% during April.

However, a number of wards and departments achieved 100% compliance including:

- Phlebotomy
- Preoperative Assessment Centre
- Medical Day Unit
- St Mary Abbots Ward
- Outpatients 2

Heather's view

by Heather Lawrence, Chief Executive



Many staff will be aware that the change of government has brought about changes to the national targets that hospitals are expected to achieve. The Department of Health will no longer monitor our delivery of the 18 week referral to treatment target and the A&E four hour target has been reduced from 98% to 95%.

However, this will not change the way we work at Chelsea and Westminster. We are still contractually obliged to meet these targets and, although we will not be held accountable by the Department of Health, we are still unsure if our commissioners

will uphold the targets. Our financial plan is also based on a certain level of activity, so we will be continuing to monitor these targets locally to ensure our performance is maintained.

But more importantly, we will be continuing to meet these targets because they benefit our patients.

I believe that 18 weeks is still too long to wait for an appointment and four hours is still too long to wait to be seen in A&E, so we will continue working to find ways of improving our performance in each of these areas so we can be sure we're providing the best possible care for our patients. The Trust Board has endorsed this approach.

Thank you to all staff who took the time to attend one of my open forums last month. I'm always pleased to see people taking an active interest in the future of the hospital and how they can be a part of it.

I realise that in recent months I have been talking a lot about our need to make savings, reach our performance targets and become more efficient, but in doing so I hope I've managed to communicate that everyone has a role to play in achieving this.

It's up to all of us to review how we work, how we spend our budgets and where we can make changes. The people who work in our clinics and wards are the people

who know the service best, which is why I've encouraged all staff to have open and frank discussions about how we can be more efficient and at the same time improve patient care.

At one of my open forums, a member of the Outpatients 3 team told me about some of the initiatives the department has implemented to help them achieve their required cost savings.

They have changed simple things like revising how the department orders stock or liaising with other areas in the hospital to source and give away unwanted items such as furniture or stock rather than buying new, while also addressing larger issues such as stopping the use of agency staff.

But what I am most impressed with is the emphasis they have placed on working together as a team to achieve their cost savings. At their monthly meeting, each member of staff is expected to suggest a cost saving and they have placed a savings suggestions list in their staff room to increase awareness and encourage diligence.

These are the kinds of things I would like to see implemented in all areas of the hospital and I would be interested to hear what other departments are doing so we can share other good ideas.

Matrons relaunch Best Patient Environment

The Trust's Matrons and Facilities staff have teamed up to relaunch the Best Patient Environment project to help celebrate areas of good practice within the hospital in relation to the patient environment.

The scheme involves each ward carrying out monthly audits in five areas including hand hygiene, cleaning, clutter, maintenance and protected mealtimes.

The results will then be collated and publicly displayed on noticeboards located in each ward.

Direct feedback will also be given to each ward on the day of the audit, to allow realtime feedback and give ward staff the opportunity to address any areas of concern immediately.

Melanie Guinan, Modern Matron for Paediatric Services, said: "The scheme has been piloted successfully on Lord Wigram, Jupiter and Nell Gwynne Wards this year and we are now ready to roll it out to the rest of the hospital.

"It will be an opportunity for ward areas to display the excellent work they do and

celebrate an approach where everyone can take ownership of the area that they work in.

"For the patient to enjoy a pleasant ward environment and high standards of cleanliness, a diverse range of staff need to be involved, including the catering, housekeeping and nursing staff and the Estates team.

"The Best Patient Environment project has a diverse membership to enable timely improvements to be made. It is a team effort and everyone has a part to play."

What do patients say about Chelsea and Westminster?

Instant feedback

Each month *Trust News* includes a round-up of all the feedback received from patients, both positive and negative, to help make staff aware of what patients are saying about the hospital.

Recently patients have praised staff working in the Overseas Office for their help and support, and those working in Phlebotomy for their professionalism.

However, one of the most common concerns raised by patients in recent months has been the number of people who smoke immediately outside the front entrance of the hospital.

All staff have been asked to refrain from smoking in this area, however as it is a public walkway and therefore the property of the Royal Borough of Kensington and

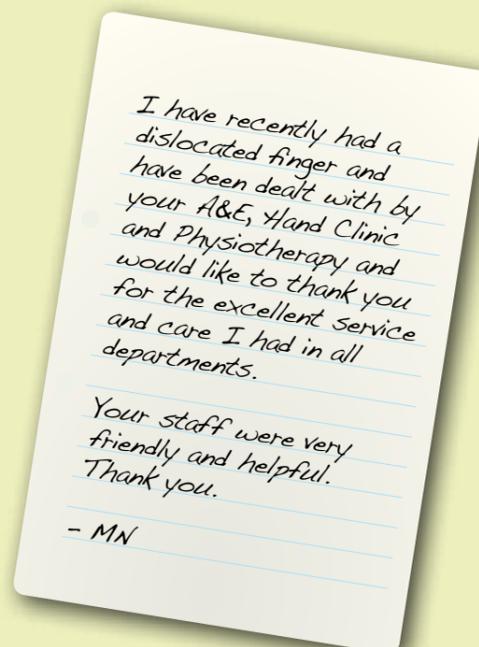
Chelsea, the hospital has no authority to enforce a ban to prevent patients or members of the public smoking near the front entrance.

The hospital will continue to work with the local borough to find a solution to this issue.

Letter of the month

The M-PALS service receives hundreds of letters from patients praising the care they receive at Chelsea and Westminster. Each month *Trust News* features one of those letters to help share this positive feedback.

If you would like to share your experience at the hospital, whether it was positive or negative, please fill in a comment card or write a letter and hand it in at the M-PALS office which is located on the ground floor.



Meet the Team: Chelsea Community Hospital School



The Chelsea Community Hospital School will soon be moving to an exciting new facility on the first floor of the hospital, making it one of the first purpose-built hospital schools in the country.

In this month's Meet the Team we talk to the school's Head Teacher about what makes the school so special and why education can sometimes be the best medicine.

Learning a new language or creating a work of art might not be something a patient would expect to do when they go into hospital, but these are just two activities which children and young people might come across if they have to spend time at Chelsea and Westminster.

The Chelsea Community Hospital School is one of only 20 hospital schools in the country and forms a major part of Chelsea and Westminster Hospital's paediatric service. In fact the school is older than the hospital itself, having begun its life in the old Westminster Children's Hospital in 1989.

Janette Steel (pictured above, 3rd right) has been Head Teacher since the school was started and in that time she has watched hundreds of children benefit from the opportunity to continue their education despite having to spend time in hospital.

Janette said: "Continuing a child's education while they are in hospital is so important. We know from recent research in this area that if a child misses even a small part of their education, it can have an impact on their development.

"For children who are unwell this is even more important, which is why we offer an enriched curriculum of the arts, language and drama to help children with medical problems develop more skills and build resilience.

"Our students are encouraged to write about their feelings and we use storytelling to encourage language development. We also have a drama therapist who uses group dynamics to help children develop social skills and a positive self image.

"Children who have an illness or medical condition can be a target for bullying, so we make it a priority to involve them in activities which will help them develop the language and skills to cope.

"Ultimately, we want to show children that they can leave hospital with a positive experience that has enhanced their lives and the knowledge that, despite having a medical condition, it is still possible to achieve."

The school provides education for children and young people staying on the three paediatric inpatient wards at Chelsea and Westminster—Neptune, Mercury and Jupiter—as well as the day-case ward Saturn and the Burns Unit.

The school was recently rated as 'outstanding' by the regulator Ofsted and it is a registered exam centre. The school offers the full National Curriculum for GCSEs and A Levels including science, English, maths, art, music, drama and modern foreign languages.

Lessons are conducted in classrooms located on Neptune and Mercury wards,

while children who are unable to leave their beds can join in by videolink or have their lessons taught by their beds.

Janette said: "We work closely with children's home schools to ensure that there is continuity in their education, but also so that children can maintain a link with their school and fellow students even though they're in hospital.

"We have state-of-the-art IT to support this and children can keep in touch with their home school by videolink.

"Children can also post their work on our website so that their family, friends and teachers can see it and post comments.

"The relationship with the home school is really important and we work with them to support the process of the child returning to school. Under normal circumstances this can be quite challenging for children, but even more so if their appearance has changed as a result of their illness or treatment."

Janette said students attending the hospital school achieve excellent exam results, often improving on the results they achieve in their home school.

Janette said: "We have fantastic staff who feel privileged to work at the school, but we each like to see ourselves as working as

part of a greater whole to help the children who attend our school do the best they can.

"We are also grateful for the generosity of the Friends of Chelsea Community Hospital School who have supported us for us for many years, including running their weekly fundraising stall every Tuesday for the past 15 years."

Who's Who in the Chelsea Community Hospital School

Janette Steel (Head Teacher)
Paul Lush (School Co-ordinator)
Jo Eaves (Assistant Head Teacher)
Jay Ravalia (Exams Officer)
Chris Cole (Network Support)
Ann Marie Charles (School Administrator)
Suet Wan Thow (Finance Officer)

Special Needs Team

Jessica Taylor (Learning Assistant)
Linda Woodgate (Nursery Nurse)
Lucy Summers (Teacher)
Helen Williams (Teacher)
Kim Davies (Teacher)

Arts Team

Shaun Dolan (Artist)
Giles Abbott (Storyteller)
Martin Dixon (Musician and Web Designer)
Mary Freeman (Drama Therapist)

60
second
interview



Dr Helen Yarranton

Consultant Haematologist

What is your most unappealing habit?
Hoarding rubbish just in case one day I might possibly need it.

Why did you become a haematologist?
I needed a bloody job.

If you could have chosen a different career what would you have done?
I took up golf two years ago and, after a lifetime of thinking it was definitely not a game for me, I now have deluded visions of competing in the Masters.

How do you relax?
Hmmm... that may be another talent I wish I had.

Describe your perfect day
Reading the newspaper, playing golf with my partner and winning, watching Fulham FC win at Craven Cottage, having wine and dinner with friends.

What three words would your family members use to describe you?
Passionate, caring, detailed.

Which talent do you wish you had?
Being able to spell and touch my toes (though not at the same time).

What is your biggest achievement outside of work?
Cycling from Lands End to John O'Groats.

Fit for the Future

The Trust must maintain and improve the quality that patients experience from the Trust while delivering significant cost savings during these difficult economic times—the Board of Directors has confirmed that all departments must make 10% cost savings in 2010/11.

Our challenge is how to achieve these cost savings without compromising the quality of patient care—in other words, how to make Chelsea and Westminster *Fit for the Future*.

In this edition of *Trust News* we look at a number of major changes to the way that the Trust works which are being progressed under the Fit for the Future programme.

Review of Medical Secretary service

A review of the medical secretarial service across the Trust has been undertaken to identify how the existing model can be improved to provide an excellent and efficient service to patients.

A number of factors have been considered in the review including customer service, workload, support for secretarial teams, and opportunities presented by the move to the Mezzanine and new technology.

A restructure has been proposed and a consultation process about the changes has been held.

In the proposed new structure, a smaller team of Band 4 medical secretaries will focus on patient-facing roles and clinical typing, working alongside a team of Band

2 office support clerks who will focus on filing, letters and general paperwork.

Secretaries will be organised into specialty-based teams of consistent size managed locally by a Band 5 co-ordinator.

The proposed new structure aims to ensure that staff can focus on work appropriate to their role and are supported to provide services to the benefit of patients.

More details are available from the project team MedSecsReview@chelwest.nhs.uk. A number of meetings with staff are also being held and further information provided as required. Staff will be supported throughout the process of moving into new roles under the new structure.



The Mezzanine on the fourth floor, where most medical secretaries are based, just before its completion in October 2009

Pilot study reveals voice typing benefits

A pilot study conducted at Chelsea and Westminster has shown that voice typing software can reduce the amount of time spent generating clinic letters by up to 50 per cent.

The study, using Dragon transcription software, was carried out in the Gastroenterology Department over six outpatient clinics led by Consultant Gastroenterologist Dr Marcus Harbord and Specialist Registrar Dr Kinesh Patel.

Dr Harbord said: “We measured how long it took one uninterrupted secretary to generate consultant and registrar clinic letters by typing standard analogue tapes, or using voice typing.

“A week later we measured the time it took the same uninterrupted secretary to generate the same clinic letters, with a cross-over design whereby she typed identically dictated analogue tapes for those that had already been voice typed, and vice versa. Therefore, the letters from each clinic were produced in duplicate.

“Over six clinics, the time spent generating clinic letters using voice typing was consistently and significantly less than producing them using the traditional method.

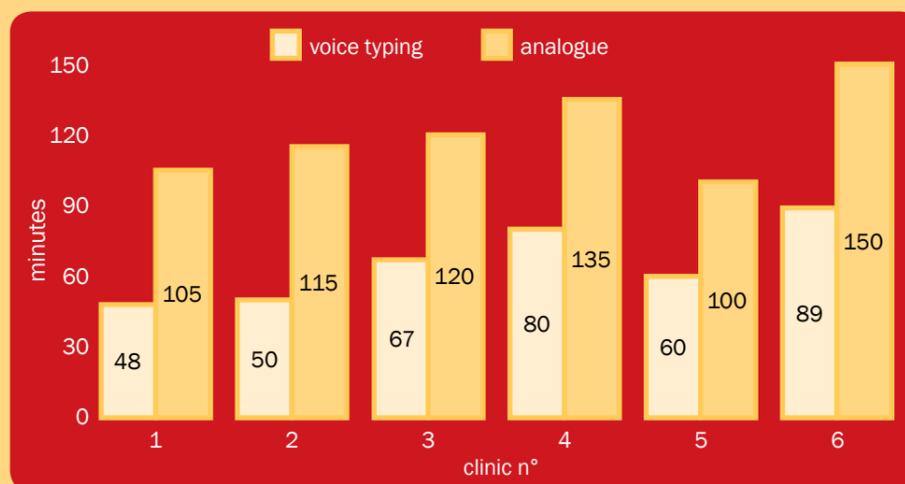
“The mean time to produce each clinic’s letters using voice typing was 66 minutes, compared with 121 minutes using analogue dictation. There was no difference in quality between either method.”

Medical Secretary Catherine O’Meara, who participated in the pilot study, said: “Personally I prefer the voice typing method. It’s much more efficient and it doesn’t take long to learn and get used to the software.

“Users ‘train’ the software, so that over time it builds up a comprehensive vocabulary editor, so it begins to recognise more words and become more efficient, although modern technology means that it only takes a matter of minutes to get started.”

Pilot study results

The pilot study confirmed the effectiveness of voice typing in outpatients. Six clinics, shared between two clinicians were digitally dictated. Clinic letters were then generated using voice typing (three clinics) and using identically dictated analogue tapes (three clinics), by one uninterrupted secretary. The process was then repeated after a one-week interval, such that letters for each clinic were produced in duplicate. The mean time to produce each clinic’s letters was 66 and 122 minutes respectively.



Improving the quality of the patient experience and efficiency in Medicine & Surgery

The management team in the Medicine and Surgical Services Division invited all staff to an open forum meeting on 21 April to discuss proposals to improve quality and make savings.

Clinicians including Mr Jeremy Thompson, Divisional Medical Director, and Dr Richard Morgan, Clinical Director for Medicine, presented a vision to Divisional staff outlining key changes in the way that services would be delivered from July onwards and the work that would need to take place to make this possible.

These changes include the creation of a new surgical ward (currently Rainsford Mowlem) and a new combined acute medical and surgical assessment unit, to be located within the current footprint of the Acute Medical Unit (AMU) and Marie Celeste Ward.

To achieve this, it was proposed to close St Mary Abbots Ward and reconfigure the bed and staffing establishment into these two new ward areas as outlined above.

Following the open meeting, a one-month consultation with staff directly affected by the proposals took place and all Divisional staff were invited to a follow-up open forum meeting on 16 June so that senior clinicians and managers could feedback on all the hard work that staff have done to improve the patient experience.

Preparations have focused on how the new combined acute medical and surgical assessment unit will look and work in practice including:

- Two trolley bays incorporating 10 trolleys, used for acute assessment and work-up of patients

- Two bays for Level 1/CCU patients, making a total of nine Level 1 beds
- Approximately 35 acute beds for patients to stay no longer than 24–48 hours

What happens next?

- A phased programme of building works will take place from mid-July to late September/early October
- St Mary Abbots Ward closed from Monday 5 July with the new ward-based teams working in their new areas
- As the first phase of the building works will focus on converting current Marie Celeste Ward bays into trolley bays, all the trolleys from AMU will be relocated

to St Mary Abbots Ward to enable the new combined acute medical and surgical assessment unit to open—in other words, the new unit will function in two separate areas until the building work is complete

Thank you

Dominic Clarke, General Manager for Surgery, says: “This has been a significant achievement for the Division with work still to be done but I want to thank and praise all affected staff who have been redeployed into new ward areas.

“If any member of staff would like to know more about this new initiative or learn how it may affect their area of work, please do not hesitate to contact me on x58819.”

Putting Patients First

A major redevelopment of Chelsea and Westminster Hospital to improve services for patients and secure our future as a specialist hospital with a wide range of local services is now well underway.

A two-storey extension to the first and second floor levels of the hospital will help us to achieve the Trust's vision of providing world class children's services following our designation as the lead centre for specialist paediatric and neonatal surgery in North West London, while also developing HIV services.

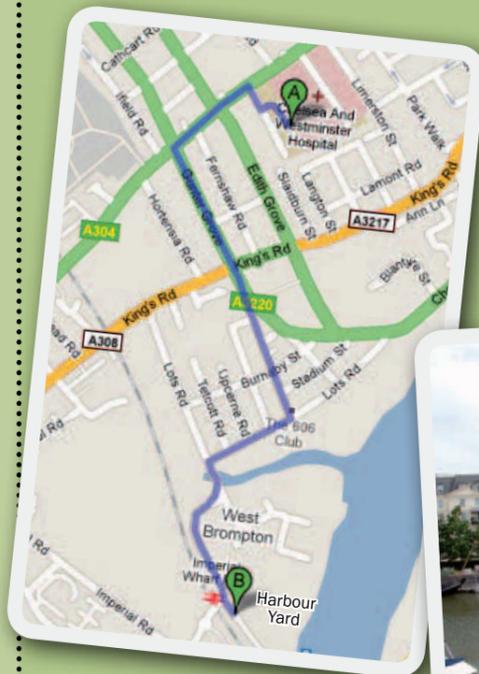
BAM Construction, the Trust's building contractors, started work on site in late April and the Preoperative Assessment Centre moved to their new home on the lower ground floor of the hospital in early May.

A complex programme of staff moves is necessary to facilitate the redevelopment –the Trust's project team is doing everything possible to minimise any disruption.

The principle underpinning the redevelopment and all staff moves is to maximise the use of space on the hospital site for clinical care.

In this month's *Trust News* we look at the latest developments.

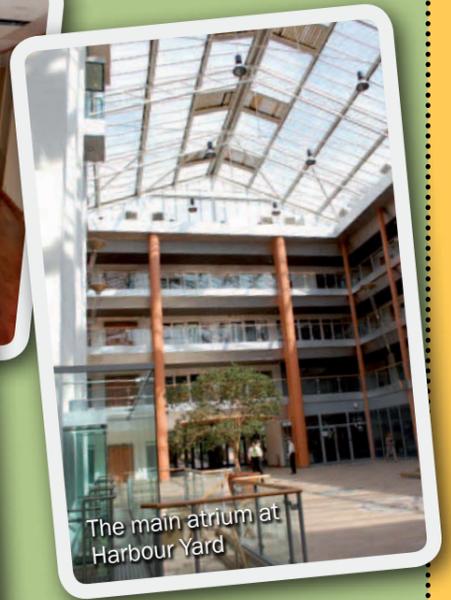
Major staff moves due to take place this month



One of the offices



View of the harbour from one of the offices



The main atrium at Harbour Yard

Work is due to start on Monday 16 August to redevelop a large area of the lower ground floor of the hospital to accommodate most outpatient services.

Outpatient services currently based in Outpatients 1 (OPD1) on the first floor and in the Beta Cell Diabetes Centre on the second floor will be moving to the lower ground floor—they are expected to be open to patients in the new location in February 2011.

Large groups of staff currently based in offices on the lower ground floor will be relocated to off-site accommodation at Harbour Yard which is part of the Chelsea Harbour development.

They will be moved over two weekends, 31 July/1 August and 7/8 August to ensure that the space on the lower ground floor

is vacated to allow work on the outpatient development to get underway on 16 August.

The Trust has taken a lease on space at Harbour Yard to accommodate almost 180 staff including the following teams:

- Finance
- Information
- Payroll
- Internal Audit & Fraud
- Procurement
- Human Resources
- Learning Resource Centre
- Centre for Professional Learning
- Clinical Governance & Risk Management
- Legal Services
- Research & Development
- Strategy

Staff working for the Trust's partner organisations, the North West London Health Innovation & Education Cluster

(HIEC) and Training for Innovation (TFI), are also relocating to Harbour Yard which is a 20-minute walk from the main hospital.

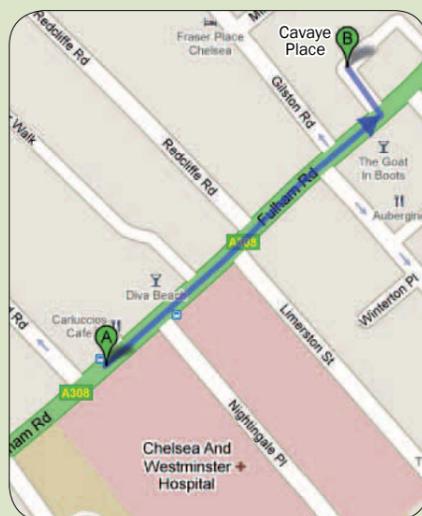
Harbour Yard is well served by public transport—the C3 bus runs between Harbour Yard and a bus stop five minutes walk from the hospital. There is also car parking on site.

There is also a mainline rail station, Imperial Wharf, just two minutes from the offices.

There will be a number of other staff moves during July and August to facilitate the redevelopment of the hospital.

Staff directly affected will be given detailed information while there will also be Trustwide communication through the regular *Putting Patients First* email bulletins that are sent to all staff on Trust email.

IT & Projects staff move to new home



Staff from the IT Department and the Projects team have now moved to Cavaye Place, the Trust offices located five minutes away from the main hospital on Fulham Road next to Caffè Nero.

All IT staff are now based in Cavaye Place although the IT Service Desk has kept an on-site presence with an office on the lower ground floor of the hospital.

The Projects team moved to Cavaye Place from their temporary location in Doughty House next to the main hospital building.

Streetscape improvement works nearly finished

As all staff and visitors to the hospital will be aware, extensive works to transform the area directly in front of the main hospital entrance and the surrounding pavement have been underway for a number of months.

The Royal Borough of Kensington and Chelsea has been carrying out the work to improve the public areas in front of the hospital, funded by the Council with a contribution from Transport for London.

The good news is that the works are nearly finished—when they are completed, it should be much easier for the large number of people who come to the hospital each day to move about more freely.

In particular, the area has been re-paved in natural York stone to provide a smooth and level surface for people in wheelchairs, with buggies or with restricted mobility.

If you have any questions or concerns about the streetscape improvement works, please contact Andy Pang at the Council in 020 7341 5783.



Artist's impression of the area in front of the hospital once streetscape improvement works have been completed

Focus on... **Community Services**

Chelsea and Westminster Hospital is developing a reputation as a provider of excellent community-based services following a number of successful bids during the past year and our development of an innovative new community mobile health clinic.

This month we take a look at a few of the new services that we are providing in the community, what the Trust is planning for the future and also remind ourselves of some established community services.

A day in the life of... **Ann-Marie Mathews** Community Midwife

"I work with the Birch team of midwives; we provide care for women living in SW1 (that's mainly Pimlico).

My day starts at around 8:30am, at the South Westminster Clinic, the team's base. We plan our day by dividing up the workload, trying to maintain continuity of care. Women like to see the same person and this is good for us too. It gives us a chance to develop a strong relationship with the women we care for, making the job more satisfying.

On a typical day I would start with a home booking.

Now that we have laptops I can put the history straight onto the system and I can also access blood results, which has made life much easier and enables us to action abnormal blood results more efficiently.

After the booking I usually visit two or three postnatal women. It is lovely to finally meet the newborns!

My role is to ensure mother and baby are well, support breastfeeding and build the mother's confidence in caring for her baby.

Next is often an antenatal visit as we are actively encouraging low risk women to consider birth at home. From 36 weeks we

visit them, bringing the required equipment and drugs to their home.

My fondest memories are of the homebirths I have had the pleasure of attending—it's not messy and it's not dangerous if the pregnancy is uncomplicated.

I have to rush back to be on time for my afternoon clinic where I usually see nine women at varying stages of pregnancy.

After clinic it's chasing results, making follow-up appointments and answering the voicemail and pager.

My day is busy but varied; I love being out and about and cannot imagine doing anything else."

Secrets to success in outreach clinics

While the Trust begins to offer new services in the community such as dermatology and gynaecology, one Chelsea and Westminster clinic has already been providing successful outreach services for many years.

The West London Centre for Sexual Health (WLCSH) based at Charing Cross Hospital has developed numerous outreach services over the years, which have evolved to accommodate the needs of the local Hammersmith & Fulham community.

Acting Nurse Practitioner for Young People and Outreach, Stephanie McMillan said: "We are so proud of our long history of providing outreach services to parts of the community that really benefit from our work.

"There are several factors that influence the success of outreach services, but one of the most important is knowing your local community and the health inequalities embedded within them.

"To do this successfully, we've made it a priority to work in partnership with other local charities or community services to help ensure that the right care is being offered in the right setting.

"We are also fortunate to have the support of our local PCT. We've made a few mistakes previously with some of our outreach services, and we've made sure that we learnt from them!

"In addition to this, we also work hard to ensure that we have sufficient numbers of trained staff running our clinics and of course making sure we advertise and promote the service.

"The staff who run our outreach services find it extremely rewarding and we're always looking at ways we can adapt our existing programmes so that they continue to meet the needs of the communities in which we work."

West London Centre for Sexual Health Outreach Services

Cont@ct2 at Connexions

A young persons service every Wednesday from Connexions One Stop Shop in King Street. This service is targeted at the young people who access the information and support services at Connexions and those

who are less likely to access mainstream sexual health and contraceptive services.

Cont@ct2 at College

A young persons service every Friday lunch time from Ealing, Hammersmith and West London College. This service targets young people who would not normally access mainstream services.

Cont@ct2 also participates in local community events, this summer the service will be involved in Summerfest and Love Life events in Hammersmith & Fulham.

Other Cont@ct2 Services

Cont@ct2 also runs a monthly clinic from Integrated Youth Services (formally the Youth Offending Service) and the Lyric Theatre.

The Saturday Service

The Saturday Service is unofficially seen as an outreach service for those who work traditional office hours and are reluctant to take time off work to attend clinic during the week.

The Fluker Clinic

A Sexual Health and HIV service run from HMP Wormwood Scrubs. This service was expanded in recent years from one to two clinics per week to accommodate demand.

Know4Sure at Naz

Rapid HIV testing and asymptomatic screening for other sexually transmitted infections provided at Naz Project London (NPL)—the largest and longest established Black and Minority Ethnic Sexual Health & HIV support agency.

Of the first 100 clients seen, four were found to be living with HIV. Given that the local prevalence of HIV is 7/1,000, this targeted pilot appears to be an initial success.

Canberra

An asymptomatic screening service every Thursday morning from Canberra Health Centre situated in the White City Estate, an area of known health inequalities.

Chelsea and Westminster in the Community

This 'clinic on a bus' is a new sexual health, contraception and wellperson service targeting at risk groups in the local community. The first regular service provided was a 'Wellperson Service' at the Chelsea Football Club's home games.



Community Midwife Ann-Marie Mathews (left) with a mother and her newborn baby

New community services

Over the past year, Chelsea and Westminster Hospital has won two bids to provide dermatology and gynaecology services in community-based settings. We successfully bid to become the provider of community dermatology and gynaecology services in Westminster, both of which are now operational and proving popular with GPs and patients.

Want to make inroads into the community?

Following the huge success of the community mobile health clinic at the Chelsea Football Club since it was launched earlier this year, the Trust is now offering other departments the opportunity to do the same.

The Chelsea Community Bus is a purpose-built, fully equipped, mobile clinical space for outreach work and is now available to all departments wishing to offer care in the community. It includes two full equipped consulting rooms, a reception and waiting area and a toilet. The bus is also equipped with laptops and printers that are connected to Lastword to enable staff to print labels and pathology requests.

Staff wishing to find out more about booking the Chelsea Community Bus should contact John Pickett on 020 3315 6189 or Nicola Burton.

Building works on Urgent Care Centre set to get underway this month

Building works to create a new Urgent Care Centre in the current Emergency Department at Chelsea and Westminster are expected to start this month.

The Trust, in partnership with our local GPs, submitted detailed plans to NHS Kensington and Chelsea in June and the new facility should open its doors to patients in October.

Patients will benefit from a faster assessment process and the addition of GP-led care to ensure that patients receive the right care in the right place.

The new faster assessment process is known as 'streaming' and it means that patients will be booked in at reception and then allocated to the appropriate care pathway—either in the Emergency Department or in the new Urgent Care Centre—depending on the severity of their injury or illness.

It is our intention for GPs to be based in the department from 10am to 10pm, attending to those patients presenting with primary care problems who currently receive treatment unnecessarily in the Emergency Department.

This should mean that staff in the Emergency Department can concentrate on providing care and treatment for those patients that really need their help.

Health Charity launches £100,000 burns appeal

Chelsea and Westminster Health Charity has launched a major fundraising appeal to support the hospital's Burns Unit.

The Charity's Burns Appeal aims to raise £100,000 over the next two years to fund a Clinical Psychologist post for inpatients on the Unit.

The new post will expand the services the Trust currently offers to burns patients and help to ensure we meet the new National Burn Care Guidelines, which recommend that all patients and their families have access to psycho-social support.

Gary Lawson, Chief Executive of Chelsea and Westminster Health Charity said: "We hope that the appeal will raise awareness of the excellent work the Burns Unit provides for the patients it cares for.

"Former patients, including those who were treated after the 7/7 bombings in London, are already lending their support to the appeal. Davinia Turrell, who was treated at the Unit in 2005, has already raised more than £2,000 by completing the Newham 10km run."

The Unit is the only specialist burns unit in London and provides burns care for people living in not only London but also South East England.

If you would like to get involved with fundraising for the Burns Appeal, please contact the Charity's Fundraising Team on 020 8846 6619/00 or email appeal@chelwestcharity.org.uk.

Donations can be made by visiting www.chelwestcharity.org.uk/burns.

Local resolution of complaints—staff guide

Introduction

Earlier this year in *Trust News* we focused on the importance of listening to patient feedback in improving care, as well as the Trust's approach to managing complaints so that they are managed effectively and we learn from our mistakes to make positive changes.

This month we provide staff with a practical guide to resolving complaints locally, written by the Trust's Patient Affairs team who co-ordinate all complaints received by the Trust.

Local resolution—guidelines for staff

As staff we are accustomed to the world of the NHS and understand how it works but patients and visitors are not and need help to find their way.

If you can help a patient to understand the process they have become involved in and what they can expect to happen to them,

they are far more likely to be satisfied with the service they receive.

If you are in a position to do so, keep patients informed about events which are affecting them, such as delays in outpatient clinics, so that they understand what is happening without having to ask.

Where possible, always respond immediately to concerns or questions raised by patients or visitors.

However, first consider whether you are able to reply and whether it is appropriate for you to do so, or if the matter is so serious that it should be referred to someone senior to you.

When you have dealt personally with a concern raised, consider whether you need to let your manager know about it. Trends and themes can only be identified, and problems rectified, if information is shared.

The first step is to ensure that the patient's immediate healthcare needs are being met.

Photo Gallery

Seven-year-old burns patient Rebecca Dasilva (front right) raised £145 which she donated to the Burns Unit. She is pictured with family, friends and Burns Unit staff.



Abdel Karim Salem Cherif (right) with Richard Stephens from Norland Managed Services. Abdel came first in the pedalling competition during this year's Open Day and won a bike donated by Norland.



Music Therapy staff with Helen Shoemark PhD (3rd left), Senior Music Therapist at the Royal Children's Hospital in Melbourne, Australia who visited to give a lecture about the benefits of music therapy.



Professor Derek Bell (Head of R&D, 2nd left) and Dr Richard Morgan (Clinical Director, Medicine, 2nd right) with Swedish visitors from the Karolinska Institute, who came to observe the Medicine final exams in May.



Dos and don'ts of handling complaints

DO

- Consider whether you are able to handle the complaint and whether it is appropriate for you to do so, or if the matter is so serious that it should be referred to someone senior to you
- Take the patient somewhere quiet where they can talk to you in confidence
- Let the patient tell you about the problem in their own words
- Try not to react in a defensive manner
- Apologise for their distress (your apology is not necessarily an acceptance of blame or fault but an acknowledgment of the patient's feelings about their experience)
- Check with the patient to ensure your understanding and clarify any issues about which you are unclear
- Agree key concerns with the patient
- Explain and agree actions that you intend to take
- Be clear about what you can hope to achieve—don't give unrealistic expectations
- Agree a timeframe within which they can expect you to provide them with feedback

- Make contact as agreed even if it is only a progress report
- Thank the patient for providing you with the feedback
- Identify service failures and discuss possible remedial action
- It is very important to keep the patient informed of your progress and outcome.

DON'T

- Lose your temper because the 'complaint' then develops into one of your attitude
- Make promises you cannot keep
- Make assumptions—when giving information, stick to the facts and make clear if you don't know something
- Voice blame because, even if you feel aggrieved that another department or person may be responsible for the problem, blaming others is unprofessional and reflects poorly on the Trust
- Be defensive because this will frustrate the individual

Barriers to local resolution

The following behaviours can be barriers to effective local resolution:

- Shouting
- Abusive language
- Personally derogatory comments
- Violence
- Discriminatory comments

However, it can be important to consider factors leading to these behaviours and whether any of these can be effectively managed to facilitate local resolution.

Factors can include:

- Feeling disempowered or overwhelmed by hospital environment
- Being frustrated and angry at perceived failings in their care
- Feelings of guilt or inadequacy
- Unrealistic expectations
- Fear of hospital or illness
- Language or cultural barriers
- Mental health problems

When responding to a patient's concerns, consider what the person complaining wants to achieve by raising a concern.

This usually includes:

- Acknowledgement: that there has been a problem
- Apology: someone to say sorry
- Explanation: why or how did it occur?
- Reassurance: that the same problem will not occur again

In summary

- Take personal ownership when approached by a patient or visitor raising questions or concerns
- Resolve the problem quickly, if possible, or escalate to another colleague who can assist
- Be polite, positive and open in responses
- Sorting out a problem at the start, when it is small and manageable, saves everyone time and trouble in the long run

Enhancement to the Lastword generated patient identification wristbands

Lastword generated patient identification wristbands now include verified patients' NHS Number, Hospital Number and barcode.

This enhancement, which was implemented at the end of June, was necessary in order to meet the actions stipulated for all NHS hospitals by the National Patient Safety Agency (NPSA).

Frequently asked questions

Q: Which number on the wristband must clinicians focus on when checking patient identification prior to clinical procedures such as administering medicines, blood and blood products, labelling samples, and verifying patients before surgery?

A: The NPSA directive is that the local Hospital Number is used alongside the NHS Number and so at present the key number will remain the Hospital Number.

Q: Is there a problem if the NHS Number does not display on the wristband?

A: No, typically a missing NHS Number indicates that the NHS Number has not yet been identified or has not yet been confirmed as correct by the NHS Demographic Tracing Service.

Please note this situation must not stop clinicians from treating patients as their Hospital Number and date of birth are still valid for such procedures. When the validated NHS Number becomes available, staff will be expected to replace the patient's wristband.

Q: What is a barcode and its purpose in patient care?

A: A barcode is a label of vertical or horizontal lines representing data such as Hospital Number and date of birth that can be read by a computer. When scanned it activates the patients' details directly in Lastword negating the need to manually enter the Hospital Number.

This ensures increased accuracy and the Trust plans to bring this into use at a future date.

Q: Are there any changes to the Trust's patient identification policy?

A: No, there is no change to the patient identification policy as a result of the enhancement to the Lastword generated patient identification wristband.

However, there may be a need to make modifications at some point in the future.

Q: Who can I contact for queries related to the enhanced Lastword patient identification?

A: Liz Barnshaw (NHS Number Project Manager), Joyce Anson (Implementation Specialist & Clinical Analyst) or Narinder Liddar (NHS Number Lead).

Q: How can I find out more information?

A: The NPSA website at www.npsa.nhs.uk/nrls/alerts-and-directives.

£500,000 grant to prevent blood-borne viruses

Chelsea and Westminster is a partner in an important new project to reduce the incidence of blood-borne viruses such as hepatitis B, hepatitis C and HIV among people with substance misuse problems.

The PREVENT project, which is hosted by the substance misuse team from Central and North West London NHS Foundation Trust, has successfully bid for a grant of just under £500,000 from the Health Foundation's Closing the Gap awards.

It has the support of Chelsea and Westminster, which includes the largest HIV unit in Europe, and Imperial College Healthcare NHS Trust, which includes a regional liver unit at St Mary's Hospital—there are also links with the Hepatitis C Trust, Health Protection Agency, and Holloway and Wormwood Scrubs prisons.

Dr Ann Sullivan, Consultant Physician based at the John Hunter Clinic, says: "The PREVENT project team is led by Dr Owen Bowden-Jones, Consultant Psychiatrist at Chelsea and Westminster, and it will run across North West London. We also have a high level of service user involvement with service users sitting on the steering group.

"We will use quality improvement methodology to increase blood-borne virus screening and vaccination in the substance misuse services and transfer to care by hepatology and HIV services.

"Rates of blood-borne viruses are particularly high among people using drugs such as heroin and crack. People with alcohol problems are more likely to engage in risky behaviour such as unprotected sex and alcohol is a particular risk factor for people with hepatitis C, as it speeds up the disease."

Blood-borne viruses put individuals and their families at risk, as well as posing a public health risk, but some are preventable. For example, there is a vaccination for hepatitis B and antiretroviral medication can cure hepatitis C. Although HIV cannot be cured, it can be managed with combination antiretroviral therapy.

Dr Owen Bowden-Jones says: "The PREVENT project will hopefully prevent people from contracting blood-borne viruses. For those not yet infected, we will encourage changes in behaviour through education to reduce their risk of future infection.

"For people who do become infected, we will ensure a clearer pathway into treatment with more support to help patients maintain treatment. Options include extended opening hours to make services more convenient for patients and linking newly diagnosed patients with buddies for peer support."

New keyhole surgery technique pioneered



Stanley Smith (14) who had pioneering keyhole surgery at Chelsea and Westminster Hospital, pictured with his mum Maxine

Paediatric surgeons at Chelsea and Westminster are pioneering a new keyhole surgery technique that means children suffer less pain and virtually no scars after having an operation.

Mr Simon Clarke has described the technique as Single Incision Transumbilical Paediatric Surgery (SITUPS)—the operation is carried out through one small incision in the umbilicus or belly button.

He explains: "What is unique about this procedure is that it requires only one hidden incision where previously three incisions were needed. This results in a virtually scar-free operation as the umbilicus is the only scar that we are all born with. It could also mean less pain and a shorter recovery period.

"Similar techniques are already used when operating on adult patients but the technology is rapidly improving and we can now use it with our younger patients."

In keyhole surgery it is usual for each surgical instrument to enter the abdomen through its own separate incision but the advent of new laparoscopic techniques and instruments means that this can now be done through a single umbilical incision.

Laparoscopy has already advanced the field of surgery significantly because it allows surgeons to perform major

operations with several tiny incisions, rather than one large incision in conventional surgery.

Simon Clarke says: "There is good evidence that minimally invasive surgery leads to less post-operative pain and less scarring which is good news for patients. Single-site keyhole surgery is the next frontier in medicine."

Stanley Smith, 14, of Pimlico, had his appendix removed in January by Simon Clarke using the new single-site keyhole surgery technique.

Mum Maxine said: "I was really pleased, and surprised, that Stanley was able to come home the day after his operation because I remember having to stay in hospital for ten days when I had my appendix taken out so that was a big difference.

"Within a week Stanley was feeling much better whereas I remember being in a lot of pain for quite a while after the operation. I vividly remember the pain I was in and so it was really nice to see Stanley recover very quickly. No parent likes to see their child in pain.

"Stanley had his post-operative check-up in April and there were no problems. I have been delighted with Stanley's treatment."

Chelsea and Westminster and King's College London join forces to provide HIV education for nurses

This month sees the launch of the first HIV nurses' course jointly provided by Chelsea and Westminster and King's College London.

The week-long course is designed to provide the foundation of knowledge for nurses working with patients who are living with HIV.

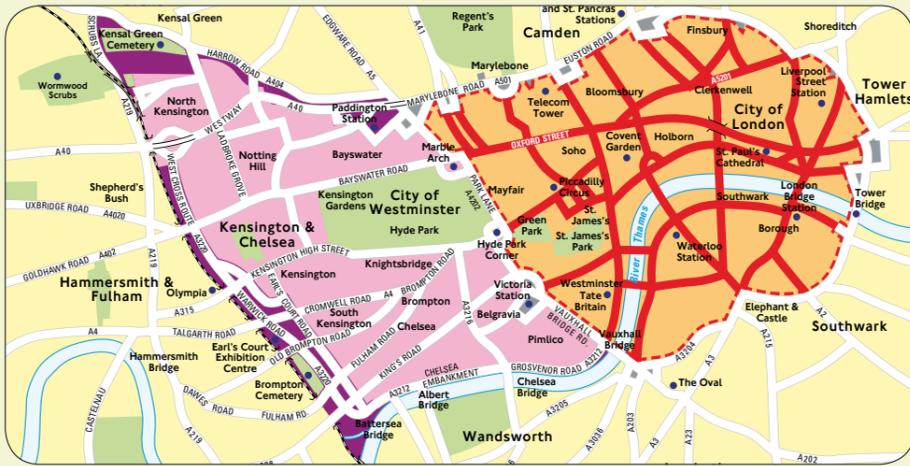
This collaboration between the two organisations was conceived and has been led by Jane Bruton, Clinical Nurse Lead for HIV, and has been a great opportunity for our HIV nurses and health advisers, from both inpatient and outpatient care, to share their extensive knowledge and expertise.

As part of this collaboration Jane has been appointed as Visiting Lecturer at King's College London which means that not only will she be jointly facilitating and developing the course but also she will be able to teach about HIV on undergraduate and postgraduate courses.

Jane hopes that by next academic year we will have developed an HIV module as part of the Masters Course for Advanced Practice Nursing.

This would be the first HIV Masters level module in the country and a fantastic step forward and opportunity for the increasing number of HIV Advanced Nurse Practitioners in the UK.

Support your hospital—have your say on the proposed abolition of the Western Extension of the Congestion Charging zone



If you would like to support the proposed scrapping of the Western Extension of the Congestion Charging zone—which includes Chelsea and Westminster Hospital—you can have your say by taking part in a public consultation that runs until 2 August.

The Mayor of London, Boris Johnson, recently published his new Transport Strategy which states that, subject to consultation, he will abolish the Western Extension with effect from 24 December 2010.

Trust Chief Executive, Heather Lawrence has written personally to staff, elected representatives of patients and local residents on our Council of Governors, Foundation Trust members, and other key stakeholders to ask for their support.

She said: “The Western Extension is a financial burden for not only staff but also our patients and their visitors. The Trust lobbied the previous Mayor of London on behalf of staff and patients during the consultation process on the introduction of the Western Extension but to no avail.

“As a Trust we will be writing formally to the Mayor to support the proposed removal of the Western Extension because we believe that it unfairly disadvantages staff, patients and visitors to the hospital.

“For example, staff who live in an area poorly served by public transport or who work unsocial hours when public transport is not running, patients who are not well enough to use public transport, and visitors who live a long way from the hospital, all have no choice but to drive to the hospital and pay the Congestion Charge.

“Please support your hospital by taking part in the public consultation and registering your views—you can have your say online at www.cclondon.com.”

A statement has been prepared for use by anyone who wants to take part in the public consultation in support of the Trust’s position that the removal of the Western Extension will benefit staff, patients and visitors to Chelsea and Westminster Hospital.

The statement in full—or any part of it—can be used when responding to the public consultation online.

If you would like an electronic copy of the statement, to copy and paste into the online form, please contact matthew.akid@chelwest.nhs.uk.

The deadline for responses to the public consultation is Monday 2 August.

NO MORE CLOTS

‘No more clots’ campaign targets 20% reduction in preventable VTE

The Trust has launched its ‘No more clots’ campaign to reduce preventable venous thromboembolism (VTE) by 20% over the next year.

Reducing the rate of hospital acquired VTE by 20% in the 2010/11 financial year is one of the Trust’s priorities for quality improvement, agreed by the Board of Directors following consultation with key stakeholders.

VTE, a collective term which covers deep vein thrombosis (DVT) and pulmonary embolism (PE), is a major cause of avoidable deaths—it is estimated that in England each year more than 25,000 die from preventable VTE contracted in hospital.

The Trust has established a multi-disciplinary committee to tackle this priority and taken a number of actions to raise awareness among patients and staff so that all inpatients are assessed for their risk of VTE and given the right treatment:

- All adult patients admitted to Chelsea and Westminster Hospital must now have an electronic VTE risk assessment completed on Lastword on admission and repeated within 24 hours of admission—this is Trust policy since the VTE risk assessment went live on Lastword on 2 June thanks to the hard work of a project team in IT led by Joyce Anson
- An education meeting for doctors, nurse and pharmacists was held on 8 June
- A poster competition attracted 22 entries from staff keen to see their design used to promote awareness of the ‘No more clots’ campaign—see below for details of the winners
- A new patient information leaflet on VTE has been published
- A new pocket guide for staff was published last year including guidance on how to assess risk factors for VTE and advice about treatment to prevent VTE in at-risk patients—it is currently being updated

Consultant Haematologist, Dr Helen Yarranton explains: “The ‘No more clots’ campaign aims to raise awareness among staff and patients of the importance of preventing VTE.

“Identifying patients at risk of thrombosis, providing appropriate prophylaxis and giving patients information on the risks and symptoms of DVT and PE will help prevent unnecessary deaths and disability in our patients.

“We are the envy of many other hospitals that do not have access to an electronic VTE risk assessment. There is no doubt that we are ahead of the game on this issue.”

Medical Director, Dr Mike Anderson says: “VTE kills thousands of people every year and results in lifelong disability for many others which is why we are targeting a 20% reduction in preventable VTE over the next 12 months.

“I would like to thank everyone involved in the campaign so far for their hard work, not least Dr Helen Yarranton in Haematology for her clinical leadership and Joyce Anson and colleagues in IT for ensuring the risk assessment went live on Lastword at the beginning of June.”

And the winners are . . .

The ‘No more clots’ poster competition attracted 22 entries from staff.

Congratulations to the prize-winning staff whose ideas will be used to produce a series of posters to help the campaign:

- 1st Prize**
Medical Day Unit
- 2nd Prize**
Lenka Medlik (Clinical Psychologist)
- 3rd Prize**
Snehal Shah (Pharmacist)
- 4th Prize**
Jennifer Nelson (EPR)

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Patients praise new electronic information screens



Children's Services staff pictured with one of the Trust's new sponsored electronic patient information screens

Sponsored electronic information screens that were installed in three locations around the Trust in March this year have been a hit with patients.

The large plasma screens—located in Children's Outpatients, the Antenatal Clinic and next to the M-PALS office—aim to improve the quality of information available to patients, visitors and staff.

They also benefit the Trust financially because we receive a percentage of the sponsorship revenue.

There is no cost to the Trust because we are working with a commercial partner, the Healthcare Messaging Group, who pay for the screens, secure sponsorship and design the messages that appear on the screens—with input from Trust staff.

The installation of the first three screens is a pilot scheme and the Trust is now actively exploring the possibility of placing more screens in other areas in future.

A range of health messages are included on the screens and some targeted information for parents of children and pregnant women is featured on the screens in Children's Outpatients and the Antenatal Clinic respectively.

According to the results of a survey of parents in Children's Outpatients and pregnant women in the Antenatal Clinic carried out in May, the screens are proving popular:

- 80% of parents and 77% of pregnant women said they found the screens a useful source of information
- 77% of parents and 83% of pregnant women said the screens improved their experience of the hospital
- The messages that most parents and pregnant women remembered seeing on the screens related to the reputation of the Trust—for example, the fact that Chelsea and Westminster is rated by the Care Quality Commission among the top 10% of NHS hospitals in the country

Matt Akid, Head of Communications, said: "Our partnership with the Healthcare Messaging Group is a positive initiative because it has enabled us to improve our communication with patients and visitors to the hospital.

"We have involved frontline clinical staff in developing messages tailored to the areas in which we have installed the screens to ensure they are relevant to our patients."

New children's garden makes for sensational playtime



Desiree Cranenburg, childcare practitioner, with children in the new garden at Charing Cross Day Nursery

(Photograph reproduced with kind permission of Imperial College Healthcare NHS Trust)

Babies, toddlers and pre-school children are benefiting from a new garden at Charing Cross Day Nursery. Following a £30,000 grant from the Department for Children, Schools and Families, the nursery has completely overhauled the garden to provide a colourful, all-weather space where children can run freely and expand their knowledge of the outdoor world.

The new garden means that young children can experience the outdoors throughout the seasons—from splashing in puddles in the winter to sorting seeds in the spring.

The grant has also helped pay for new resources for the nursery, including replacement toys and computer equipment. The garden's design means it is a welcoming and inclusive space for children with learning needs and disabilities.

Charing Cross Day Nursery Manager, Barbara Ciwinska says: "We are proud to be creating an environment that is friendly, warm, stimulating and inclusive for all the children in our care.

"This would not be happening without our dedicated staff team who have a holistic approach to children's learning, development and wellbeing that enriches our day-to-day nursery life."

Staff at Chelsea and Westminster can have their children at Charing Cross Day Nursery, as well as a nursery at Hammersmith Hospital, and a scheme called Fee Direct provides significant tax breaks—a welcome bonus in the current financial climate.

Dr Charlotte Cohen, Consultant, says: "It was the best decision we made to send our daughter Olivia to Charing Cross Day Nursery. She is almost three now and positively thriving in every way. That is thanks to all the caring staff there who support, educate and love her, and ensure above all else that she has lots of fun! The sensory garden has really enhanced the children's outdoor experience and they enjoy their playtimes more than ever."

Amber Payne, Employee Benefits Manager, says: "The workplace nursery arrangements with Charing Cross and Hammersmith hospital nurseries are part of a wide range of childcare support at Chelsea and Westminster which includes childcare vouchers, childcare for all of the school holidays and childcare subsidy. Feel free to contact me on x55869 with any query related to childcare and flexible working."

- Charing Cross Day Nursery caters for children aged six months to five years—find out more by calling 020 8383 5589

Triple 'Excellent' score in PEAT assessment

Chelsea and Westminster Hospital has been rated 'Excellent' for the three categories of Environment, Food and Privacy & Dignity in this year's Patient Environment Action Team (PEAT) assessment.

The assessment was carried out earlier this year by a team including patient representatives.

This year's results are an improvement on the 2009 assessment when the Trust was rated 'Excellent' for Environment and Food but only 'Good' for Privacy & Dignity—2009 was the first year when the category of Privacy & Dignity was included.

PEAT patient representative Susan Maxwell, who is also a patient representative on our Foundation Trust Council of Governors, says: "As a regular patient here at the hospital, I have a vested interest in all aspects of the patient environment and so I volunteered to join PEAT as a patient representative on their cleaning audits.

"I have experienced at first hand the sheer effort that goes into infection control, cleaning, maintenance, patient dignity and catering to make our hospital experience as safe and as comfortable as possible.

"I believe we are extremely lucky to have a team of highly responsible staff who volunteer as part of our team to carry out highly critical and unannounced ward visits on behalf of patients.

"The healthy competition between wards to get the highest scores has ensured that the standards are excellent which is why Chelsea and Westminster is one of the safest hospitals in the UK."

Despite the Trust's triple 'Excellent' PEAT score, there is no room for complacency because both noise and privacy, and cleanliness and hygiene were highlighted as areas for improvement in the national inpatient survey 2009, published in May 2010.

The Trust is already addressing both areas:

- Eye masks and ear plugs are now available for patients to use free of charge on all wards while a contractor has been chosen to install glass panelling on 12 wards to reduce noise and improve privacy and dignity
- No patient admitted to the hospital for routine, planned surgery in the 2009/10 financial year was infected with MRSA bacteraemia



The PEAT Group in the hospital Boardroom

PEAT assessment results at a glance 2006–2010

Year	Environment	Food	Privacy & Dignity
2010	Excellent	Excellent	Excellent
2009	Excellent	Excellent	Good
2008	Excellent	Excellent	n/a
2007	Good	Good	n/a
2006	Acceptable	Good	n/a

Employee/Team of the Month

Sponsored and funded by Chelsea and Westminster Health Charity

Congratulations to **Dr Wendy Matthews** (Consultant, Emergency Department) who was named Employee of the Month for April.

Jill Clark (Medical Secretary) said: "Dr Matthews is extremely hardworking, always here long past her shift. She is cheerful and motivates all the team. She is always willing to assist or help with any problems and is a joy to work with."

Congratulations also to **Dr Mina Savidou** (Consultant Obstetrician), **Carmel McCullough** (Senior Midwife), **Louise Kidd** (Senior Midwife) and **Foteini Chatziouannou** (Midwife) who were named Team of the Month. They were nominated by a patient, as well as several colleagues, for their outstanding contribution to patient care in the most difficult of circumstances.

Congratulations to the **Security Team** who were named Team of the Month for May.

Hannah Coffey (Divisional Director of Operations) said: "They have provided an excellent service to staff and patients during an extended period of disruption with the car park lifts. They have dealt with patients and staff in a professional, informative and sensitive way to ensure minimum disruption."

The Employee of the Month for May was **Pierangelo Spano**, Receptionist at the John Hunter Clinic. He was nominated for providing exceptional service for patients and for being an excellent worker.

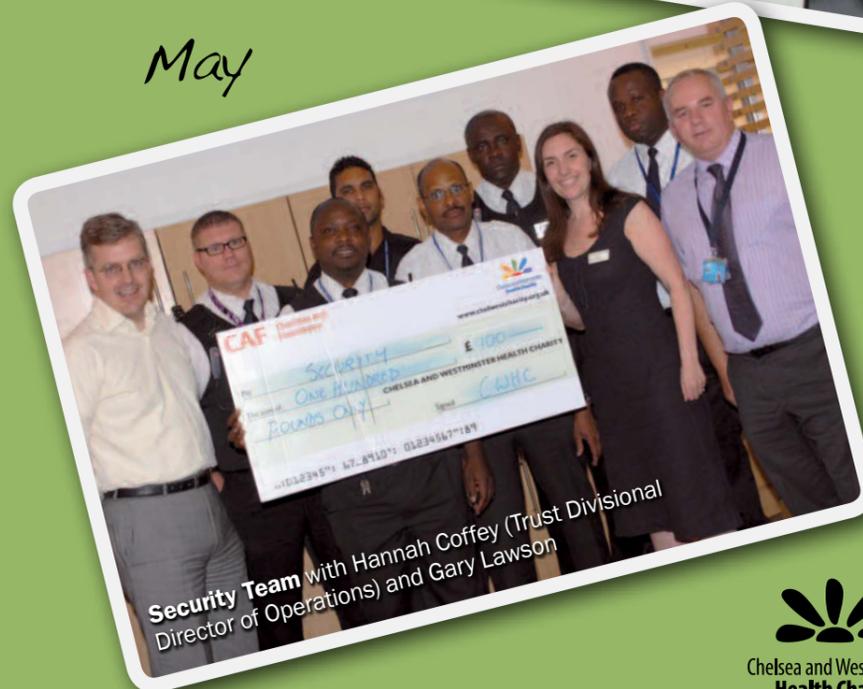
Anyone can nominate a member of staff or team for the Employee and Team of the Month. If you are a patient who has received excellent care and you would like to submit a nomination, visit the Chelsea and Westminster Hospital website www.chelwest.nhs.uk/employee-month to find out how.



Dr Wendy Matthews with Mark Gammage (Trust Interim Deputy Chief Executive) and Gary Lawson (Charity Chief Executive)



Foteini Chatziouannou and Dr Mina Savidou with Mark Gammage and Gary Lawson



Security Team with Hannah Coffey (Trust Divisional Director of Operations) and Gary Lawson

April

May



Chelsea and Westminster Health Charity

Farewell

Andrew MacCallum



Chelsea and Westminster said farewell to **Andrew MacCallum** (Director of Nursing) in May. Andrew is set to take up a new post as Pro-Vice Chancellor and Dean of Nursing at Thames Valley University.

Andrew, pictured with his PA Ailbhe Connellan, was a great advocate for outstanding patient care during his time at the Trust and he will be missed.

Nigel Grant



Nigel Grant (Assistant Director of Human Resources—Learning and Development) left the Trust in June. Nigel worked at Chelsea and Westminster for many years and we wish him well.

New GP Relationship Manager



Jonathan Harris has joined the Trust as the new GP Relationship Manager. Having trained as an Operating Department Practitioner at the Royal London Hospital, Jonathan worked in theatres and A&E before relocating to Sydney where he worked in public and private hospitals and in sales and marketing of medical devices.

Jonathan said: "In my new role I have the chance to combine my clinical and commercial experience and at a time when GPs are in the headlines it's certainly an exciting time to be joining the Trust.

"Outside of work I can usually be found relaxing in my home town of Brighton and making any excuse not to tackle the

mounting levels of DIY and gardening in my new home!"

Jonathan takes over the role from **Alex Prior** who has been appointed to the role of Outpatient Service Improvement Lead.

Alex said: "I will be helping to modernise our outpatients departments to provide a better patient experience. For example, an appointment reminder system is currently being implemented across the Trust and we are hoping to install kiosks which will enable patients to check themselves in for an appointment—a service which is already offered by many GP practices.

"In the new lower ground floor outpatient area we will be using an electronic patient calling system which will help outpatient teams to control the flow of patients into their waiting areas.

"This will enable patients to wait in a 'pre-wait' area with food and drink facilities if they arrive early for their appointment or if the clinic is running late.

"I will be using information from patient surveys, the Patient Experience Trackers and M-PALS to identify common issues affecting patients and work with the outpatient teams to address these issues, so I look forward to working with many of you in the coming months."

Staff news in brief

Radiography Department proves popular at conference

Three members of the radiography team presented posters at the United Kingdom Radiological Congress (UKRC) in Birmingham in June.

Katie Davison (Senior Radiographer) presented a poster on abdominal X-Rays in Accident & Emergency, **Emma Sutherland** (Senior Radiographer) presented a poster on endoscopic retrograde cholangiopancreatography (ERCP) and **Olivia Egan** (CT Superintendent) presented a poster on minimising the use of high strength contrast media in cardiac CT.

Pain team attends conference in Serbia

Members of the Trust's Pain Team attended the Fifth Anniversary of the Pain Symposium in Belgrade, Serbia.

Professor Andrew Rice (Professor in Pain Medicine), **Dr Tacson Fernandez** (Locum Consultant in Chronic Pain Management) and **Dr Olivera Potparic** (Associate Specialist in Anaesthesia) were invited to lecture during the two-day Symposium held in May.

The Symposium, which was attended by 120 participants, is recognised as providing the most up-to-date information regarding the latest innovations in modern pain management.

On your bike!

Giuseppe Labriola (Specialist Midwife/Infant Feeding Coordinator) is cycling to Paris in September to raise money for Best Beginnings—a charity dedicated to ending child health inequalities in the UK. Visit Giuseppe's sponsorship page at www.bestbeginnings.org.uk/Appeal/giuseppe-labriola to show your support.

Don't look down

Keri Page (Staff Nurse Paediatrics) will be abseiling 66ft (equivalent to five double decker buses) down London's Earls Court on 5 September as part of 'One Big Drop 2010' for the charity, Children with Leukaemia. Visit Keri's sponsorship page at www.virginmoneygiving.com/KeriPage.

Congratulations

Congratulations to **Dr Simon Barton** (Clinical Director, HIV/GUM and Dermatology) and **Ceri Evans** (Senior Health Adviser at the West London Centre for Sexual Health) who were presented with Achievers Awards by the sexual health charity FPA in May.

To celebrate the FPA's 80th anniversary this year, the charity recognised the achievements of 80 people for their contribution to the social perception of sexual health and their significant contributions over a number of years to improving the sexual health of people living in the UK.

New Governors elected

Elections were held in June to the following constituencies of the Council of Governors:

- **2 Patient Governors**
- **4 Public Governors**
Hammersmith & Fulham Area 1
Kensington & Chelsea Area 1
Wandsworth Area 2
Westminster Area 1
- **1 Staff Governor**
Support, Administrative & Clerical

Members registered in these constituencies could nominate themselves to stand for election.

The following constituency received no nominations and so no one was elected:

- **Public Governors: Westminster Area 1**

The following constituency was uncontested because only one nomination was received and the result was as follows:

- **Public Governors: Hammersmith & Fulham Area 1**—Samantha Culhane

The results in constituencies where elections were contested were as follows:

- **Patient Governors**—Paul Baverstock & Chris Birch
- **Public Governor: Kensington & Chelsea Area 1**—Eddie Adams
- **Public Governor: Wandsworth Area 2**—Del Hosain
- **Staff Governors: Support, Administrative & Clerical**—Charlotte Mackenzie Crooks

Congratulations to all successfully elected Governors.

Workforce report shines light on E&D achievements

Chelsea and Westminster Hospital recently published its annual workforce report, highlighting many of the Trust's achievements over the last year around equality and diversity.

Each year the Trust is required to produce a report which provides an overview of our workforce activities and an outline of patient equality and diversity initiatives which have been undertaken.

Priti Bhatt, Equality and Diversity Manager, said: "We're so proud of the work which has been done over the last year to raise awareness of equality and diversity issues and ensure that we give every member of staff the opportunity to achieve, as well continually improving patient services for all.

"We have maintained our Stonewall Champion and 'Two Ticks' employer status which means that we're recognised as an organisation which is committed to supporting sexual orientation and disability equality in the workplace.

"These are both really important achievements for the Trust and help to underpin our values about equality and diversity as an organisation."

Other local initiatives in the last year included:

- Implementing the Single Equality Scheme which sets out the Trust's three year action plan
- Organising the successful Diversity Day in November 2009 which involved staff and external representatives coming together to highlight how equality and diversity can help improve the experience of staff and patients
- The Trust's 'Creating Excellence Together' group (formerly BME Network) produced a staff leaflet on appraisals which will be shared with all employees

Priti said: "The recent staff survey results indicated that we employ a higher percentage of staff with a declared disability and an increased response rate was also seen from BME staff.

"This is encouraging and shows that the Staff Survey has become a particularly useful tool in engaging with all our staff to obtain constructive feedback, regardless of gender, ethnicity or disability."

trustnews

If you have a story idea or article for the next edition of Trust News please contact Renae McBride by Friday 24 July.

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Burns Family Group provides a lifeline for children and families



The Chelsea and Westminster Hospital Burns Family Group is an informal organisation that provides support and information for families with children who have suffered burn or scald injuries.

It organises regular social events, such as parties, outings and parents' get-togethers to enable families to meet together in a relaxed, informal atmosphere.

The Burns Family Group also keeps a register of parents who are willing to be put in touch with parents of newly-injured children.

An information leaflet and newsletter for members have recently been revamped to raise awareness of the Burns Family Group and the valuable work that it does.

Mr Greg Williams, Burns Service Lead says: "The Chelsea and Westminster Hospital Burns Family Group provides an opportunity for children who have had a burn injury to share their feelings and experiences with other children who have been through the same sort of trauma.

"At home and school they are often the only ones with scars and this can lead to a feeling of 'being different' and feeling isolated. Meeting other children who cope

well with their scars and have accepted them can help children with recent injuries to come to terms with their accident.

"It also allows parents to meet and exchange their concerns and experiences in the relaxed environment of the Burns Family Group meetings, outings and activities."

Sharon Aylott, Play Therapist on the Burns Unit, adds: "The Burns Family Group has more than 100 families to date whose children have been treated for their injury at Chelsea and Westminster Hospital and Queen Mary's Hospital, Roehampton.

"We host several 'get togethers' for the families throughout the year including a sponsored walk, the proceeds of which support the Group's funds. Also each year there is a National Burns Camp for children and young people aged of 8-18 years and the Group funds a few children from the group each year to enjoy a fun-packed week with other children from across the UK.

"The Camp gives all its attendees a chance to meet other children who have experienced a burn trauma and helps build their independence and confidence, together with the possibility of making lifelong friends."

Photo Gallery

Diabetes patient Eleanor Norris (centre) with the Medikidz team at the launch of the new children's education comic book about Type 1 Diabetes.



Lisa Barnwell (Director of Me & My Baby, centre) with Annabel Bryant (Kensington Wing Matron) and Vivien Bell (Head of Midwifery). Me & My Baby has formed a partnership with The Kensington Wing to provide patients with complimentary therapy during pregnancy.