Maternity services rated among best in London

Women who have had their babies at Chelsea and Westminster have rated our maternity care as among the best in London in an independent survey.

According to the Care Quality Commission’s (CQC) survey of women’s experiences of all maternity services in England, only four hospitals in London were rated better than the national average—we were one of them.

All women who gave birth in England in February 2010 were invited to take part in the survey which asked them about all aspects of their maternity care.

The results of the survey, which were published in December, revealed that 61% of women who gave birth at Chelsea and Westminster Hospital last February rated their care as ‘Excellent’—the third best rating in London.

The Trust’s performance has improved markedly since the last survey in 2007 with our results on 16 of the 53 questions ‘significantly better’.

However, the results do demonstrate that further work is needed to improve women’s satisfaction with our maternity services, particularly in relation to postnatal care.

Maternity staff have already implemented a number of changes since the survey was carried out last February including providing a 24-hour cleaning/housekeeping presence on Labour Ward and reducing midwifery vacancy rates from 40% to 12%.

The Maternity section of the Trust website www.chelwest.nhs.uk/maternity has also been revamped to include an innovative new service for women and their families—a midwife called ‘Lola’ provides advice for non-urgent queries on all aspects of midwifery care and answers to questions that women may have about their care at Chelsea and Westminster.

See www.chelwest.nhs.uk/maternity and click the ‘Ask the expert’ button to find out more—24-hour emergency advice continues to be available from the Labour Ward on 020 3315 7841 or from NHS Direct on 0845 4647.

Now that the results of the CQC’s national survey have been published, an action plan will be agreed in partnership with the Maternity Services Liaison Committee and other stakeholders to drive further improvements.

More than half of all women in England who gave birth in February 2010 responded to the Care Quality Commission survey—further information including detailed results for all maternity units in England are available on the Care Quality Commission website at www.cqc.org.uk.

Breastfeeding rates increase

New statistics just published show that 95% of the 5,500 women who have their baby at Chelsea and Westminster Hospital each year start breastfeeding after their birth—compared with a national average of just 76%.

The latest figures also demonstrate that the number of women who breastfeed their baby on the Maternity Unit has increased steadily in recent years:

- 2010—95%
- 2009—90%
- 2008—83%
- 2007—78%

This success follows the creation of a dedicated infant feeding team and the Trust’s commitment to achieving accreditation under the Baby Friendly Initiative which is a worldwide programme developed by UNICEF to ensure a high standard of care for pregnant women and breastfeeding mothers and their babies.

The Baby Friendly Initiative offers an assessment and accreditation process that recognises healthcare facilities that have achieved required standards—Chelsea and Westminster has already passed Stage One of the assessment procedure.

Giuseppe Labriola (Specialist Midwife, Infant Feeding Co-ordinator) says: “Receiving our Stage One assessment reinforces that the Maternity Unit at Chelsea and Westminster is committed to providing an evidence-based, woman-centred approach to care.”

The Trust has also launched the Yummier Mummy publicity campaign to promote the benefits of breastfeeding for not only babies but also women in a fun, innovative way. Examples of the eye-catching posters used to promote the Yummier Mummy campaign are pictured to the right.
Independent praise for care
Chelsea and Westminster is singled out for its good performance in two areas by the Dr Foster Hospital Guide, an annual independent healthcare survey. We are nominated one of only two NHS trusts with lower than expected mortality rates after surgery among patients who had a secondary diagnosis such as internal bleeding, pneumonia or a blood clot. We were also praised for low rates of obstetric tears. The Dr Foster Hospital Guide is available at www.dr foster health.co.uk.

Staff Survey
Thank you to all staff who completed the national NHS staff survey—63.94% of staff. The Care Quality Commission will publish results in March and the Trust will communicate the main findings and actions to address concerns to staff.

Information Governance training
More than 1,300 staff have completed mandatory Information Governance training—all other staff must complete the training by the end of March. This can be done online via the ‘IG Training’ icon on the intranet Homepage.

Poppys Appeal
The Chelsea and Kensington branch of the Royal British Legion has said a big thank you to staff, patients and visitors to Chelsea and Westminster Hospital who raised a grand total of £1,856.53 during the 2010 Poppys Appeal. Thanks to everyone for their generosity during such financially challenging times.

Donate for new Bereavement Suite
The West London branch of Sands, the stillbirth and neonatal death charity, has launched a £25,000 appeal to raise money for a dedicated Bereavement Suite for parents when their baby dies—you can donate by visiting the fundraising page at www.chewst west.nhs.uk/bereavement.

Foundation Trust elections
Elections to the Council of Governors were held in November—the following have been elected to represent the interests of patients, the public and staff:

• Patient Governors
  Dr Anthony Cadman
  William Marrash

• Public Governors
  Harry Morgan (Wandsworth Area 1)
  Martin Lewis (Westminster Area 1)
  Melvyn Jeremiah (Westminster Area 2)
  Kathryn Mangold (Nursing & Midwifery)

Non-Executive Directors appointed
The appointment of three Non-Executive Director Designates has been approved by the Council of Governors:

• Sir John Baker (Chairman of international shipping company Maersk)
• Jeremy Loyd (Non-Executive Director, Marine Management Organisation)
• Sir Geoffrey Mulchay (Chairman, Javelin Group)

They will become full Non-Executive Directors in October.

Heather’s view
by Heather Lawrence, Chief Executive

The end of December and beginning of January were, without doubt, unprecedented in terms of the increase in patients attending our Emergency Department (A&E) and the large number of very unwell patients requiring critical care. While winter is always our busiest time of year, the sudden increase in demand for our services—at a time when many staff choose to take holidays—presented us with a huge challenge.

However, Chelsea and Westminster is an acute hospital and we were able to cope with fluctuating demand for our services. We were able to increase capacity on our Intensive Care Unit and it is to the great credit of staff that we were able to continue to achieve a safe level of care.

I was incredibly proud of the professionalism and flexibility shown by staff and the willingness of clinicians and managers to work together. I have no doubt that by working as a team we managed to cope with the increase in capacity while keeping our focus on providing excellent care for patients.

Thank you to all staff for your commitment and hard work. Your efforts do not go unnoticed and they are very much appreciated.

But as always, the challenge is not over yet. We have to continue to review and meet all of our performance targets including the 18 week referral to treatment and four-hour emergency wait targets and to do this we need to maintain the momentum as we continue to recover from this particularly busy period.

We must also ensure extra vigilance around infection control procedures.

Norovirus is always more prevalent in the community at this time of year and I would ask everyone to follow the correct infection control procedures—in particular hand hygiene—to help minimise the risk of an outbreak occurring within the hospital.

Information Governance training
It is disappointing that we have had six MRSA cases this financial year. There is no excuse for staff not following Trust policy and it is everyone’s responsibility to ensure they are adhering to the procedures that are in place to help protect our patients.

The new escalators running from the Lower Ground Floor to the Lower Ground Floor have been installed and it’s exciting to see the redevelopment of the hospital building beginning to take shape.

The new outpatient department on the Lower Ground Floor represents our commitment to providing modern healthcare for our patients. We are investing in the hospital and securing its future, but alongside this is changing the way we deliver some services.

I understand that change can sometimes be unsettling and challenging— but if we don’t act now it may be too late.

The changes we are making are putting us in good stead to face the future in a secure position and so we can continue to provide excellent care for our patients.

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 us.

Congratulations to the Phlebotomy Department which received a number of positive comments from patients about the significant reduction in waiting times in the department.

However, there have been concerns raised about the hydrotherapy pool in the Physiotherapy Department being closed. Staff have been contacting patients to keep them updated.

Letter of the month
The M-PALS team receives hundreds of letters from patients commenting on their care at Chelsea and Westminster and every edition features one of those letters to help share this feedback.

If you would like to share your experience of 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.

Hand hygiene watch
The hospital achieved its highest hand hygiene compliance rate so far for this financial year during December 2010.

According to audits conducted by the Trust’s Infection Control Link Professionals staff responsible for infection control in their areas of the hospital the hospital achieved a 90% hand hygiene compliance. It was an improvement on November’s hand hygiene compliance rate of 88%.

Congratulations to the following wards and departments that achieved 100% compliance during November and December:

November:
Phlebotomy, Endoscopy, Fracture Clinic, Paediatric Theatres, Preoperative Assessment

December:
Main Theatres, Burns Service, John Hunter Clinic, West London Centre for Sexual Health, Anne Zuur Ward, Kensington Women’s Outpatients Department 2

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

The Beta Cell Diabetes Centre is moving to a brand new location on the Lower Ground Floor this month—they are the first clinical team to relocate to the new Outpatients Department, which will eventually host most of the hospital’s outpatient services.

But the change in location is just one of a number of new developments within the diabetes service, which has significantly expanded its role within the hospital and the local community in recent years. It’s a pattern that looks set to continue as more and more people are diagnosed with diabetes every day.

Dr Michael Feher, Clinical Lead Consultant for Diabetes and Endocrinology, said that diabetes is the fastest-growing chronic condition of the modern age. Worldwide, over 200 million people have diabetes and this is expected to double within a generation.

Dr Feher said: “In the UK, diabetes already affects about 4% of the general population and recent hospital audits have shown that between 10–15% of our inpatients have the condition.

“This not only has an obvious impact on the demand for diabetes services within the hospital, but it may also be associated with prolonged admission times.

“The support and care which we provide for patients with diabetes has changed dramatically in recent years and we have seen an influx of new treatments and new technology to help treat the condition.

“Our aim is to continue to provide specialist services for both inpatients and outpatients, as well as extending our support out in the community through teaching and training.

“In addition to the outpatient services, we also offer a comprehensive telephone service which provides advice for other hospitals, local GPs, Practice Nurses and patients.”

The service has hinged on the ‘one-stop-shop’ concept for all people with diabetes. The fully integrated service provides access to specialist nurses, dieticians, digital retinal screening and podiatrists, in addition to dedicated diabetes vascular, orthopaedic, cardiological, microbiological, psychiatric and medical teams.

He said: “This multidisciplinary approach has also allowed the development of unique clinics which are addressing special conditions.

“Developments have included a viral-diabetes clinic to manage patients with both diabetes and HIV or hepatitis, the High Risk Foot Service which incorporates podiatrist, microbiologist, vascular surgeon and diabetologist input to ensure integrated care.

“We also have the Cystic Fibrosis Related Diabetes Clinic which is conducted jointly with the respiratory team at the Royal Brompton Hospital and an insulin-pump clinic.”

Helen Mustoe, Infection Control Nurse

How long have you worked here?
I have worked here since June last year. Previously I was in the Army for 12 years.

What do you most enjoy about your work?
The opportunity to change people’s practice and provide the best patient care. The fact that you never know what a typical day will consist of is also a challenge. My role is massively diverse and engages everyone in the Trust.

What is the best piece of advice you have ever been given?
Every change no matter how small will make a difference so keep trying.

If you could travel forward or back in time which era would you visit and why?
I would travel back to the Crimean War and work as a nurse there. Massive advances were made in medicine and nursing there and it would have been good to witness those advances as they were made.

Who is your favourite author?
My favourite author has to be Matthew Reilly. He’s an Australian author whose book I first read while sitting in the airport at Cairns—I think I finished it in eight hours. His books are the best total escapism. He is like a modern day Indiana Jones.

Why did you become an infection control nurse?
I had my first exposure to infection control as a newly qualified staff nurse when I volunteered to become the link nurse for the ward I was working on at the time. I went on the course and found I enjoyed it. Before I knew it I was deployed to Iraq as an Infection Control Link Nurse for a hospital. We had multiple outbreaks while I was there and I came back knowing I had found a job I wanted to do. Infections have been and still remain one of the biggest reasons for mortality throughout the world and whatever we can do to reduce the amount of people who die can only be a good thing.
The Tent (2nd Floor).
Thursday from 3–4pm in the Main Atrium

Hospitals Arts launches
inging project

Meet the Matrons

Meet the Matrons sessions are being
every week on the Ground Floor of the hospital to encourage patients and their relatives to give feedback about their experience.

Hospital Arts has recently started a
project for pregnant women and staff within the Maternity Unit.

The Remarkable Baby of Haiti

The remarkable story of Landina Seignon, a seriously ill baby rescued from the rubble of Haiti’s devastating earthquake in January 2010 and brought to London for treatment at Chelsea and Westminster and Great Ormond Street hospitals, was told in a Channel 4 documentary The Miracle Baby of Haiti at the end of December.

Meet the Matrons

Meet the Matrons sessions are being held every week on the Ground Floor of the hospital to encourage patients and their relatives to give feedback about their experience.

Medical and surgical matrons are happy to discuss any issue with patients and their families at the open sessions held every Thursday from 3–4pm in the Main Atrium opposite the M-PALS office.

Patients and their families who have an immediate issue or concern should speak with the Nurse in Charge on their ward who may be able to resolve their query directly.

Health Secretary pays us a visit

Secretary of State for Health Andrew Lansley visited the hospital’s Emergency Department (A&E) on Monday 13 December.

He also visited the Paediatric Emergency Department and new Urgent Care Centre which opened in October.

Mr Lansley spent time chatting to A&E staff as he was shown through each of the areas.

The visit was carried out in preparation for the Government’s recent announcement of the changes to A&E and ambulance performance indicators.

Singing can provide emotional, social, educational and physical benefits for women and their babies during pregnancy, labour and after birth and the workshops are a fun way for them to get to know one another.

The workshops involve postural, breathing and vocal exercises and are open to everyone receiving care within the Maternity Unit in the hospital and community clinics.

For more information contact Hospital Arts on 020 3315 6617 or visit their website at www.chelwestcharity.org.uk.

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7/7 survivor celebrates
Burns Appeal success

7/7 survivor Davinia Douglass has announced that a fundraising appeal by Chelsea and Westminster Health Charity to raise more than £100,000 for our Burns Service reached its target less than six months after its launch.

Davinia said: “I was honoured and excited that Chelsea and Westminster Health Charity asked me to help publicise their Burns Appeal because I know that burns can have many lasting psychosocial effects on people, no matter the size and location of their injuries and scars.

“When I was treated at Chelsea and Westminster Hospital, I had help from a post-traumatic stress counsellor but there wasn’t a dedicated psychologist attached to the Burns Service, I think it is wonderful that the Burns staff are striving to increase the already excellent quality of care that they provide to their patients.”

Thanks to the generosity of donors, an additional clinical psychologist will be recruited to ensure that all burns inpatients receive psychological assessment so that any potential psychological issues can be addressed early on.

Mr Greg Williams (Burns Service Lead) said: “On behalf of the entire Burns Service, I would like to express my gratitude to all those individuals, including many former patients, who so generously donated to the Burns Appeal.

“We will now be able to appoint an additional psychologist for a two-year pilot project to demonstrate the benefits of screening patients to identify potential psychological issues, address them early and help with recovery.”

Gary Lawson (Chief Executive of Chelsea and Westminster Health Charity) added: “We are delighted that the appeal has raised awareness of the excellent work the Burns Service provides for the patients it cares for and we are extremely grateful to all those donors who supported the appeal.”
Putting Patients First
Redevelopment of Chelsea and Westminster Hospital

The redevelopment of Chelsea and Westminster Hospital aims to improve services for patients—in this month’s Trust News we provide a brief update on progress.

• As part of the redevelopment of the Lower Ground Floor to create a new, more patient-centered environment for outpatients, services, a new set of escalators from the Ground Floor to the Lower Ground Floor was installed in January.
• Diabetes became the first service to move into the new Outpatients 1 area on the Lower Ground Floor on Monday 31 January.
• Other outpatient services are due to move down to the new outpatients area on the Lower Ground Floor in March or early April—the exact date will be confirmed and communicated to patients and staff.
• The building of a two-storey extension to the 1st and 2nd Floors to improve paediatric and other patient services continues both inside the hospital and on the Netherton Grove construction site—if you have any questions about this project, please contact Routina Mustafah on 020 3315 2778 (internal 52778).

Reducing healthcare costs and risk through training

A recent workshop organised by Training for Innovation (TFI), which is hosted at Chelsea and Westminster, was a resounding success.

Nearly 150 stakeholders registered for the event at the Institute of Physics, where NHS and industry medical device trainers mingled with educators, managers, regulators and other interested parties.

The workshop reflected the Government’s Equity and Excellence—Liberating the NHS White Paper by stressing the importance of placing patients at the centre of care, working in partnership, focusing on outcomes, sharing best practice, and recognising that the delivery of high quality healthcare requires empowered, well trained staff.

Speaker sessions included the Department of Health for commissioners training in the NHS, the Medicines and Healthcare products Regulatory Agency on adverse incident notifications involving medical devices, the NHS Litigation Authority on the need for compliance with well trained staff.

TFI’s recent achievements include the launch of their e4e e-learning programme for medical device trainers, which is currently being trialled by users, and the launch of the National Association of Medical Device Educators & Trainers (NAMDET) which aims to evolve into an influential voice for medical device trainers, working in partnership, focusing on outcomes, sharing best practice, and recognising that the delivery of high quality healthcare requires empowered, well trained staff.

Prime Minister backs HIV testing on World AIDS Day

A grand total of £2,840 was raised by the St Stephen’s Volunteers and Trust staff on World AIDS Day—the vast majority came from an event in the main hospital building on the day itself and a raffle.

David Cameron urged gay men to know their HIV status by getting tested on World AIDS Day by staff from 56 Dean Street, our HIV and sexual health centre in Soho.

In his special message in gay magazine Boyz, the Prime Minister said: “If you’re in Soho on 1 December, take advantage of the testing bus organised by Boyz and 56 Dean Street.”

Deputy Mayor of London Richard Barns also made an official visit to 56 Dean Street on the day to promote HIV testing.

Our community mobile health clinic was used to provide the rapid HIV tests, in partnership with Boyz magazine—more than 100 people were tested on the day despite freezing weather conditions.

Staff from West London Centre for Sexual Health had a stall at Charing Cross Hospital on World AIDS Day to hand out information leaflets and free condoms and sexual health promotion materials in order to increase awareness of HIV and sexually transmitted infections.

Routine HIV testing extended to A&E

A&E patients are being offered an HIV test in a groundbreaking trial which aims to save lives by reducing the number of courses of undiagnosed HIV.

All A&E patients aged 16–65 are offered the test and the trial is due to be rolled out to two other hospitals in west London in the near future.

Currently the NHS routinely offers HIV tests only to pregnant women in antenatal clinics and patients in sexual health clinics.

The Health Protection Agency estimates that 80,000 people are living with HIV in the UK—20% of whom are unaware of their condition.

National guidelines published in 2008 by the British HIV Association (BHVA), British Association for Sexual Health and HIV (BASHH) and the British Infection Society (BIS) recommend extending routine HIV testing.

They say that an HIV test should be offered to all patients registering with a GP or being admitted to a hospital in areas where the HIV rate is more than 2 in 1,000 of 15–59 year olds—Kensington and Chelsea has one of the highest HIV rates in the country.

The new trial follows a pilot study at Chelsea and Westminster in 2009, funded by the Department of Health and the NHS Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for North West London, during which more than 2,000 A&E patients had an HIV test—and four new HIV diagnoses were made.

Dr Ann Sullivan, Consultant Physician says: “People whose HIV is undiagnosed are not only more likely to die from the virus but also infect other people while they are unaware of their condition.”

“If diagnosed early, HIV can be successfully treated and people with HIV live to near-normal life expectancies.

“Our pilot study demonstrated that routine HIV tests in A&E not only detect undiagnosed cases but also are seen as acceptable by the vast majority of patients.”

Our HIV testing in A&E initiative is backed by both HIV and sexual health charity Terence Higgins Trust and the British Association for Sexual Health and HIV (BASHH).

Sir Nick Partridge, Chief Executive of Terrence Higgins Trust, says: "We welcome anything which increases testing for HIV and offers it in a way that’s safe and reliable.

"Thousands of people are still undiagnosed in the UK and the later people are diagnosed the more likely they are to get seriously ill and pass the infection onto others. So it’s we encourage people to come forward for HIV tests.”

BASHH President Dr Keith Radcliffe adds: “We hope that this initiative encourages all clinicians working in high prevalence areas across the country to recognise that increased HIV testing saves lives, is cost effective and reduces the burden of HIV on our society.”
Focus on: Health and Social Care Bill

This month we feature an overview of the Health and Social Care Bill, which was introduced into Parliament on 19 January.

The Bill represents the Coalition Government’s vision for the NHS—one which is modern, patient focussed and delivers world-class health outcomes.

Here we set out the passage the document will take through Parliament before it is passed and how it’s likely to impact on the hospital.

Our new Director of Strategy and Business Development Axel Heitmueller also shares his views on the Bill and how the hospital will need to respond as a result of the changes proposed.

 Axel Heitmueller (Director of Strategy and Business Development)

So we can’t afford to hope that this will all go away and we just carry on with business as usual. It won’t.

Instead, let’s embrace the opportunities these changes offer—and there are plenty. More choice, competition, and significant savings—around £1bn for North West London alone—all mean that only the best and most innovative health care providers will grow and prosper.

We are already a well-regarded and highly valued trust both among our patients and commissioners. We don’t have to fear increased competition or more patient choice. But we need to ensure that we continue down this path now more so than ever. At every level we will have to accept that patients are customers who have choice and can go elsewhere.

The truth is, we will not know whether the new system will be better than the old one for another decade or so.

But what we do know is that change is happening and fast. Just days before the Bill was laid before Parliament the Government announced the second wave of GP consortia pathfinders, two of them just outside our front door in Westminster and Kensington and Chelsea.

This means that we need to be crystal clear about our unique selling points.

It was literally impossible to escape the media coverage and you will all have seen some of it over the past few weeks. It is probably an understatement to say that the vast majority of it was rather sceptical in nature.

In brief, the main arguments run as follows: at a time when the NHS has to find £20bn efficiency savings overall why risk introducing an untested radical new system over the course of just 3 to 4 years that is driven by GP commissioning?

To which David Cameron’s reply is: “it’s not that we can’t afford to modernise—it’s that we can’t afford not to modernise.”

We are already a well-regarded and highly valued trust both among our patients and commissioners. We don’t have to fear increased competition or more patient choice. But we need to ensure that we continue down this path now more so than ever. At every level we will have to accept that patients are customers who have choice and can go elsewhere.

This is already the case to some extent, but increasingly patients will come to us not because they have no choice but because they do have choice and appreciate our services.

This means that we need to be crystal clear about our unique selling points and proactively promote them to both patients and our GPs. This is not just about corporate marketing and glossy brochures, but the removal of the private patient cap that patients are customers who have choice and can go elsewhere. But the current clear distinction between NHS and private may become more blurred.

Yes, this Bill is significant. It will—in all likelihood—change the way we work. And it is happening fast. But maybe Julian Le Grand is right when he calls these changes “evolutionary, not revolutionary”. In any case, we are well placed to turn these challenges into opportunities.

—Axel Heitmueller

Key milestones for the Health and Social Care Bill

Dec 2010
Initial GP consortia pathfinders identified

Jan 2011
Second GP consortia pathfinders identified

Jun 2011
PCT clustering arrangements in place

Jan 2011–Mar 2012
Further pathfinders identified and emerging consortia encouraged to become increasingly involved in commissioning and take on increasing delegated responsibilities

Jan-Mar 2011
Delegated responsibilities of pathfinder consortia confirmed with PCTs

Dec 2010–Mar 2011
PCTs to involve GP practices and emerging consortia, with other clinicians, in the 2011/12 contracting round and the broader commissioning cycle from 2011/12 onwards

2010–2012
NHS Commissioning Board set up in shadow form as special health authority

Progress of the Health and Social Care Bill

House of Commons

Report stage

Third reading

Second reading

Committee stage

Reports stage

First reading

Bill introduced in House of Commons

1

2

3

House of Lords

Royal Assent

Consideration of amendments

Reports stage

Committee stage

Second reading

First reading

Bill introduced in House of Commons

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Focus on: Health and Social Care Bill

What they said...

Government’s planned reforms are broadly in the right direction but they will have to be judged on the extent to which they deliver - with maximum exception - sustained improvements to patient care during a period of major financial challenge for the NHS.

—Jonathan Dunn
Director, The RightFyl Trust

The Bill brings into stark relief a number of grave concerns about the way the NHS, and the health and care system as a whole, is being managed in the name of patients.

—BMA Medical Investigation

The Bill allows for more freedom to account for patients’ concerns to a wide range of authorities. This will be done through local Health Watch organisations.

The new body’s role would be to promote the interests of all NHS patients by investigating and reporting on the effective delivery of NHS services and providing a mechanism through which informed public opinion influences the regulation of healthcare.

GP Consortia
The change that has attracted most controversy and attention so far is the proposal to abolish Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) and handing over around £80 billion of health spending directly to new GP consortia across England.

GP consortia, rather than PCTs, will commission services in the future. SHAs will be abolished by April 2012 and PCTs by April 2013.

In the meantime, PCTs will form clusters and a number of GP consortia pathfinders have already been established including in Kensington and Chelsea, Westminster and Hounslow.

The transfer of commissioning to consortia and the NHS commissioning board will cost £1.2bn in the next two years

More freedom for Foundation Trusts

Foundation Trusts will enjoy more autonomy under the proposals outlined in the Bill.

This will, for example, make it easier for Foundation Trust hospitals to merge, as combining two trusts will no longer require de-authorisation and a fresh application, but will instead be granted with the approval of more than half the governors from each trust.

The Bill also abolishes the cap on private income, freeing Foundation Trusts from limits on their commercial activity and ability to generate income. All NHS trusts have to become Foundation Trusts by April 2014 and the Provider Development Authority will manage challenged trusts from April 2012.

Chief Executive Heather Lawrence and Director of Strategy and Business Development Axel Heitmueller will be holding a series of all-staff briefings in the hospital Boardroom on the Health and Social Care Bill:

- Monday 28 March – 3–4pm
- Tuesday 29 March – 11am–12 noon
- Friday 1 April – 12:30–1:30pm

What does the Bill mean for us?

After much anticipation, the Coalition Government published the Health and Social Care Bill on Monday 19 January.

With 367 pages it is the longest Bill ever and has been deemed the biggest shakeup of the NHS since its creation in 1948.

The Bill takes forward the various White Papers published throughout 2010.

The main changes include:

A new health infrastructure

The Bill introduces a significant number of structural changes:

NHS Commissioning Board (NHSCB)
The new NHSCB will be fully operational from 1 April 2012.

It will be chaired by Sir David Nicholson and be responsible for the allocation of NHS resources, supporting and holding GP consortia to account (see below), and directly commission certain public health services. It will be accountable to the Secretary of State for Health.

Health Watch
Health Watch England will be an independent, national body with the power to monitor the NHS and to refer patients’ concerns to a wide range of authorities. This will be done through local Health Watch organisations.

The new body’s role would be to promote the interests of all NHS patients by investigating and reporting on the effective delivery of NHS services and providing a mechanism through which informed public opinion influences the regulation of healthcare.

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More freedom for Foundation Trusts

Foundation Trusts will enjoy more autonomy under the proposals outlined in the Bill.

The independent regulator Monitor, which currently regulates Foundation Trusts, will be made an economic regulator and many of its current functions will be abolished.

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Christmas 2010

- **Christmas carol services**: The Chapel hosted a Hospital Carol Service (top) and a Christingle Service (bottom).

- **Friends Christmas Fair**: The Friends of Chelsea and Westminster held their annual Christmas Fair to help raise funds for the hospital.

- **Christmas tree**: The Christmas tree was donated by Chelsea and Westminster Health Charity.

- **Westminster Cathedral School Choir**: The Westminster Cathedral School Choir recited classic Christmas carols.

- **Chelsea FC visit**: Chelsea FC stars brought some Christmas cheer to the children’s wards in December.

- **ISS Christmas draw**: Domenico Agostino of ISS Mediclean presents Jane Picciano from Medical Records with her prize.

- **Electronic Arts donates gifts**: Staff at EA (Electronic Arts) spread some Christmas cheer on Jupiter Ward in December - rather than purchase presents for each other, they contacted Chelsea and Westminster Health Charity to help realise their colleagues’ wishes to buy gifts for the children who spent the Christmas period at Chelsea and Westminster Hospital.

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Christmas Cheer Awards

Staff from all areas of the Trust and all staff groups were recognised at the Christmas Cheer Awards on Thursday 16 December.

They were nominated in recognition of their outstanding contribution to patient care and for their cheerful, positive attitude to their work. This year’s awards attracted 335 nominations in total—53 individual staff and three teams were nominated.

The Clinical Site Managers won the team award after being nominated by eight of their colleagues, including Cheryl Paul who said: “They are always very supportive, always there to give advice, cheerful during times of crisis. I could not survive without them.”

Akil Jackson (Research Clinician, St Stephen’s AIDS Trust Clinical Trials Unit) received the highest number of individual nominations.

He was nominated by 68 of his colleagues including Marcia Thompson who said: “His attitude enables him to interact with patients, making him approachable and a source of positive energy. This positive attitude to his work with HIV positive people makes him a joy to be around and to be cared for by him.”

The Trust would like to thank the following local businesses and companies that sponsored the awards through either gifts or cash donations:

• Heaven V
• ISS Mediclean
• Olympic South Limited
• SOHO Gyms Earl’s Court
• Virgin Active

We would also like to thank Trust Directors who made a monetary contribution to enable us to buy as many prizes as possible.

2010 winners

Team award
Clinical Site Managers

Individual staff awards
1. Akil Jackson
2. Lara Carrasco-Morley
3. Kulvinder Sandhu
4. Claire Thompson
5. Roland McLaren
6. Lynn Hughes
7. Rona Davis
8. Karen French
9. Heather Barnes
10. Reanna Yhap-Joseph
11. Michaela Anderson
12. Sarah Dermont
13. Kay Boyle
14. Frances Carroll
15. Sharon Coburn
16. Catherine Chapman
17. Juan McEvoy
18. Omar Abdulrahman
19. Dee Pergiovanni
20. Suzanne Bartolome
21. Mario Borrelli
22. Joel Myers
23. Linda Whitehead
24. Dariana Murphy
25. Amy Swords
26. Maddy Than
27. Karen Robertson
28. Marylin Joseph-Apple
29. Jas Kalar

Christmas 2010

Best Decorated Ward competition

Congratulations to the winners of the Best Decorated Ward Competition 2010. Thank you to The Friends of Chelsea and Westminster Hospital for their generous support – winners received cash prizes of £100, £75 and £50.

First Prize
Decontamination Services Department

Second Prize
David Erskine Ward

Third Prize
X-ray Department

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Rebecca joins children’s charity

Charles Henderson retired in December after working as Administrator for the Children’s Hospital Trust Fund for 15 years.

He is replaced by Rebecca McLoughlin, who has been involved with the hospital for many years—initially as a parent of a child who was cared for in the Neonatal Intensive Care Unit.

She set up and ran the Parent2Parent project, which involved meeting parents and children to get feedback about their experience of being cared for at the hospital.

Rebecca commented: “I’m thrilled to be back at Chelsea and Westminster. It’s a privilege to be a part of something as positive as the children’s charity and to be involved in making things better for the children and their families.”

For more information about the Children’s Hospital Trust Fund visit the charity’s website www.chtrustfund.org.uk.

From Chelsea to Nepal

Two weeks in Nepal might seem idyllic but Head of Peri-operative Services Odette Ferrão had to combine a little sightseeing with plenty of hard work.

Odette was one of seven medical professionals from the UK including three consultant ENT surgeons, three theatre/anaesthetic nurses and a consultant anaesthetist who ran an intensive ear surgery camp for the charity Britain Nepal Otology Service (BRINOS) which is dedicated to the prevention and treatment of deafness in Nepal.

The UK team travelled to Nepalgunj, a small town in western Nepal, where they worked with a Nepali surgeon and two Nepali theatre nurses.

Odette said: “We were shown into an empty room which at first looked rather unpromising, but it was quickly converted into a makeshift operating room. All instruments and equipment, including three microscopes, are stored in 12 tin trunks which are unpacked and set up.

“Next door is a post-operative room with a total of eight beds where patients stay overnight and are cared for by their relatives.”

The UK team took with them all surgical consumables and anaesthetic drugs required for this type of surgery and the surgeons operated simultaneously at three adjacent operating tables.

Odette commented: “The difficulties of administering anaesthesia in such a setting are not to be underestimated particularly as there are limited supplies of oxygen and monitoring equipment.”

In total, 102 operations (a mix of mastoidectomies, myringoplasties and stapedectomies) were carried out in seven days, starting at 7am and finishing at 9pm every day.

Odette said: “Little time was spent being a tourist but we did have one day off in the middle of the camp and three days on the return journey to sightsee around Kathmandu. Although exhausting, it was ultimately rewarding for all of us. The chance to have been even a small part of such an enterprise was unmissable.”

Will you take on the Pedometer Challenge?

Congratulations to Peter Antosiewicz (Accounts Payable Manager) who won the 2010 Pedometer Challenge, which was launched at the Staff Wellbeing Day in October. He won £50 towards a health product of his choice.

Peter says: “Participating in the Pedometer Challenge has improved my activity levels.

“I now keep a daily watch on this and try to improve as time progresses.”

“I now realise that I’m not exercising very much, which needs to change quickly.”

“I would like to thank the Chelsea and Westminster Health Charity for their hard work and support for the Pedometer Challenge and the Staff Wellbeing Day.”

More than 600 staff signed up for the Pedometer Challenge. Participants were given a pedometer to record their daily steps, with the aim of reaching 10,000 steps per day.

If you are interested in doing a Pedometer Challenge please email Ebony Charles on ebony.charles@chelwest.nhs.uk or phone her on 020 3315 5930 (x55930).

There’s still time for your flu vaccination

Information for patients about flu is available on the Latest News page of the Trust website at www.chelwest.nhs.uk.

People who are concerned that they may have flu are advised to stay at home to limit their contact with others and, if they need medical advice, to contact their GP or NHS Direct rather than coming to A&E.

People who have flu-like symptoms, or who are concerned they have been in contact with someone who has flu, are asked to not visit family and friends at the hospital.

Because of the number of flu cases reported across the UK, the Trust has restricted visiting arrangements in order to protect patients.

You can find more details about current visiting arrangements on the Trust website at www.chelwest.nhs.uk.

Information for staff about swine flu— including diagnosis and treatment guidelines—is available via a link on the Homepage of the intranet.

Staff travel to Ethiopia

This March, a group of midwives and doctors from Chelsea and Westminster Hospital will be travelling to Gimbie, a town in a rural part of western Ethiopia, to provide much needed training in emergency maternity care.

Maternal death rates are poor in that region, with 1 in 21 women dying in pregnancy and childbirth.

The team is raising money to send seven trainers to provide training and also purchase baby and mother mannequins, which help train skilled birth attendants in essential life saving manoeuvres.

You can donate through the JustGiving website at www.justgiving.com/Chelsea-Gimbie-link-Emergency-Maternity-link. Any support will be much appreciated.

Charles McLoughlin is Administrator for the Children’s Hospital Trust Fund.
Volunteer Services welcomes a new member to the team

The Friends of Chelsea and Westminster have teamed up with the Volunteer Services Manager to develop an exciting project to help improve patient experience on the wards.

Serena Venticonti has been appointed as the Friends Patient Support Co-ordinator to help set up and run this project and will be starting in her new role this month. Many staff will already know Serena, who has been working for the past couple of years as Reception Manager at the John Hunter Clinic.

The role of the Friends Patient Support Co-ordinator is the key element in a project to create a dedicated team of volunteer Befrienders who can be called upon to visit any patient who is in need of company or perhaps assistance at mealtimes. A simple visit and gentle encouragement at mealtimes can make a world of difference to the mental and physical wellbeing of our patients.

Charlotte Mackenzie Crooks, Volunteer Services Manager said: “I am really delighted that Serena has accepted this position and I am very much looking forward to working with her on such an exciting and rewarding project.”

Executive team news

Farewell to Hannah Coffey (formerly Divisional Director of Operations, Medicine and Surgery) who has left the Trust to take up her new post as Director of Operations at Basildon and Thurrock University Hospitals NHS Foundation Trust.

Congratulations to Debbie Richards who has replaced Hannah in the role of Divisional Director of Operations for Medicine and Surgery—she was previously Divisional Director of Operations for Women’s Services & Paediatrics, HIV & Sexual Health and Dermatology.

Welcome to Helen Byrne who will join the Trust on 21 February as an interim replacement for Debbie in the role of Divisional Director of Operations for Women’s Services & Paediatrics, HIV & Sexual Health and Dermatology. She has been seconded on a fixed term basis until the end of October 2011 from NHS Croydon where she is currently Deputy Chief Executive and Director of Strategic Commissioning.

Welcome also to Ron Agble who joined the Trust on 1 February on a fixed term basis for 12 months as Service Development Manager.

He will work with the clinical divisions to plan and manage the changes necessary to meet the Sir John Temple report on the impact of the European Working Time Directive on the quality of medical staff training and supporting the introduction of medical staff revalidation. He joins the Trust from the Prime Minister’s Delivery Unit.

In memoriam

The Trust is mourning the loss of two members of staff.

It was with great sadness that we announced the death on 30 December of Karen Hawkins, Medical Secretary to the Rheumatology consultant team and previously Medical Secretary to the Gastroenterology team.

Karen worked at Chelsea and Westminster for 12 years and was much loved by her colleagues. She will be greatly missed by all who worked with her.

It was also with great sadness that we announced the death on 18 January of Betty McDonagh who was Pensions Manager within the Payroll Department.

Betty worked at Chelsea and Westminster and its predecessor hospitals for 22 years. She was much loved by her colleagues and was well known by many staff because of the help and advice she gave to them.

Employee/Team of the Month

Congratulations to the team working on Annie Zunz Ward who were named Team of the Month for November.

Dr Rachael Jones (Lead Consultant) said: “Reception are the face and the frontline of our clinic.

“We are about to introduce a new IT system and Lisa has trained and supported her team. She is a superb manager.”

Elaine Raghavan

Mercury Ward Manager Elaine Raghavan left the Trust in January, after more than 11 years at the hospital.

Elaine joined Chelsea and Westminster in September 1999 on the first ever Paediatric D Grade rotation. She continued working on Mercury Ward and progressed from a D Grade to an E Grade then F Grade—also having two children in that time—before becoming Mercury Ward Manager in March 2009.

Her staff on Mercury Ward and other colleagues want to thank Elaine for the past two years and wish her success for the future.

Ted Nyatanga

Ted Nyatanga, Risk Manager for the Division of Clinical Support Services left the Trust in December.

He worked at the hospital for nearly three years and in that time supported investigations of serious incidents and provided training to staff.

Ted said: “It was a pleasure to work for this forward-thinking Trust which holds promotion of patient safety as one of its top priorities. The clinicians and senior managers I worked with were extremely supportive and responsive to learning from adverse events.

“I have made good friends whom I will miss.”

Yvonne Insh and Lin Dinneen

The Maternity Department said goodbye to Yvonne Insh (left) and Lin Dinneen (right) who both retired in December.

Yvonne qualified as a midwife in 1979 and was a much-valued member of the team. She worked as a core midwife on Ann Stewart Ward and for the past few years as an Infant Feeding Co-ordinator and Supervisor of Midwifes.

Lin worked at Chelsea and Westminster for more than 14 years as the Maternity Reception Manager.
Reader’s Recipe

This month we are delighted that Sandra Smith-Gordon has agreed to share her delicious Chocolate Cheesecake recipe.

Sandra is a Public Governor on the Trust’s Council of Governors, representing Kensington and Chelsea Areas 2. She is also a member of the committee of The Friends of Chelsea and Westminster Hospital, one of its past chairman and currently a vice-chairman and regularly volunteers in the hospital.

Chocolate Cheesecake

Serves around 12–16 people. You will need a 22–23cm spring form pan.

Ingredients

For the crust

- 1 ½ cups very finely crushed chocolate cookie crumbs (I use two packets of Sainsbury’s double chocolate cookies)
- 50g granulated sugar
- ¼ tsp ground cinnamon (optional)
- 100g unsalted butter, melted

For the filling

- 3 large eggs, at room temperature
- 1 65g granulated sugar
- ¼ tsp table salt
- 3 tbsp cocoa powder, sifted if lumpy
- 6 80g full fat cream cheese, at room temperature (eg Philadelphia)
- 2 30g dark chocolate, melted
- 1 tsp instant coffee granules or espresso powder
- 2 tsp pure vanilla extract
- 1 small pot sour cream
- ⅛ tsp ground cinnamon (optional)

Method

Make the crust

Mix the crushed cookies with the melted butter (and cinnamon if used) and press into the bottom of a 22–23cm spring form pan and half way up the sides. Put in fridge to firm up while you make the filling.

Set the oven to 150°C.

Make the filling and bake

Mix the sour cream, vanilla, and coffee granules in a small bowl. Set aside and stir occasionally until the coffee dissolves.

Melt the chocolate and let cool slightly. In a large bowl beat the cream cheese, cocoa, and salt until very smooth and fluffy, scraping down the sides of the bowl frequently (and with each subsequent addition).

Add the sugar and continue beating until well blended and smooth.

Scrape the cooled chocolate into the bowl and beat until blended. Beat in the sour cream mixture until well blended.

Add the eggs, one at a time, and beat until just blended. Do not overbeat the filling once the eggs have been added or the cheesecake will puff up too much.

Pour the filling over the crust, spread evenly, and smooth the top.

Put the tin on a baking sheet whilst baking as it may leak a little butter.

Bake at 150°C until the centre barely jiggles when the pan is nudged, about 50–60 minutes. The cake will be slightly edge. It will sink down a bit as it cools.

Let cool to room temperature on a rack and then refrigerate until well chilled, at least a few hours, or overnight for the best texture and flavour.

If you’re a budding chef and have a favourite recipe you’d like to share please email it along with a photo to renae.mcbride@chelwest.nhs.uk.

56 Dean Street wins top NHS award

Staff at 56 Dean Street, our HIV and Sexual health centre in Soho, won the ‘Success in Partnership Working’ category of the London NHS Health and Social Care Awards 2010 for their Hepatitis B screening, vaccination and treatment service run jointly with the Chinese National Healthy Living Centre.

This award recognises staff who have developed integrated services which are patient-centred and which cross professional and organisational boundaries. The unique and innovative service provided at 56 Dean Street encourages the Chinese community, some of whom may have recently arrived in the UK and who may not speak English, to take up Hepatitis B screening, vaccination and treatment. It aims to reduce undiagnosed Hepatitis B infection and transmission.

Learn Online—bringing learning to you

All staff will soon be able to do much of their mandatory training online as an alternative to face-to-face training as a new system is introduced.

Learn Online will provide all staff with access to an online training system to make it easy to view e-learning opportunities where and when it is most convenient—at work or at home.

Courses include the core Trust induction for new staff, mandatory training updates, and more than 180 nationally approved e-learning courses including child protection, infection prevention and control, information governance, consent, and moving and handling.

Learn Online is being phased into use in the Trust—the Clinical Support Services Division has just gone live.

Support for staff to use the system is available via learrnonline@chelwest.nhs.uk and through the IT Helpdesk on x58899 for more technical issues.

Hairdressers

2nd Floor, Lift Bank D

Opening hours

Tue-Fri: 10am–5:30pm
Sat: 10am–4pm

Evening appointments by prior arrangement

10% discount to staff upon production of valid ID badge

Call x58681
020 8746 8681 externally

trustnews

If you have a story idea or article for the next edition of Trust News please contact Renae McBride by Monday 14 February.

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