



goingbeyond


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Improved patient and staff experience



Relieved pressure on A&E



Members of the new Surgical Assessment Unit

New emergency surgery services at West Mid

West Mid has launched a brand new surgery service—including a Surgical Assessment Unit, an Emergency Surgical Ambulatory Care service and fast access surgical outpatient clinic—providing patients needing general and urological surgery with quicker assessment, treatment and a better overall hospital experience.

These new services, based on West Mid's Richmond Ward, mean that clinicians in A&E and the Urgent Care Centre—as well as GPs—will be able to directly send patients to the Surgical Assessment Unit for immediate assessment, which will reduce the amount of time they wait to be assessed by a surgeon.

At the Surgical Assessment Unit, a senior surgeon—in most cases a consultant—will carry out an assessment and make

a decision on the most appropriate way to treat the patient. The unit is open 24 hours a day, seven days a week.

Patients requiring surgical treatment for a number of common predefined conditions will be referred to the new Emergency Surgical Ambulatory Care service. These patients will receive a date for surgery and return home the same day if appropriate.

Jason Smith, Clinical Director for Surgery, said: "We're delighted to get this new service off the ground for the benefit of our patients. It will mean that patients are seen quicker, get the treatment they need more quickly, and in many cases be ready to go home sooner."

"The service will also help support our A&E colleagues by having a dedicated

emergency service for surgical patients 24/7, so they can concentrate their efforts on other emergency conditions for which patients visiting A&E need assessment and treatment.

"The team, which includes Matron for Surgery Annette Lloyd and Nurse in Charge Áibhín Burke, believe that these developments will really improve standards of care and experience for patients at West Mid and I'm proud to be part of this new innovative way of working."

Around 30 patients attend West Mid's A&E department needing surgical assessment each day. Before the launch of the new unit, they would have been assessed in A&E and either admitted or discharged home.

Improved assessment process

After an initial assessment by a triage nurse in A&E, the Urgent Care Centre or at their GP practice, patients requiring an emergency surgical opinion are referred to the Surgical Assessment Unit. A consultant carries out an assessment, and a decision is made on the most appropriate way to treat the patient. The unit is open 24 hours a day, seven days a week.

Patients requiring surgical treatment on a number of common predefined conditions (for example, painful jaundice, abscess, painful non-obstructed hernia or post-operative and wound problems) are referred to the new Emergency Surgical Ambulatory Care service (ESAC). ESAC patients will receive a date for surgery and return home the same day. ESAC is open on Tuesdays and Thursdays from 8am—8pm.

What Trust staff need to know in 2016

See inside for a special pull-out guide to key changes

News in brief

Council of Governors and Board meetings

The Board of Directors and Council of Governors hold their meetings in public—staff, patients and their families are encouraged to attend.

All Trust Board meetings are listed at www.chelwest.nhs.uk/trustmeetings—the next meeting is:

- 3 Mar, 2–4pm, Hospital Boardroom, Lower Ground Floor, Chelsea and Westminster Hospital, SW10 9NH

Council of Governors meetings are at www.chelwest.nhs.uk/govmeetings—the next meeting is:

- 17 Mar, 4–6pm, Hospital Boardroom, Lower Ground Floor, Chelsea and Westminster Hospital, SW10 9NH

New mural for children's ward



Hounslow artist Jodie Liggett has created an eye-catching mural in the entrance to West Mid's Starlight children's ward as part of charity project *Art for All in the World*. She donated her time and materials and spent two weeks producing the space-themed mural.

Jodie said: "I've always had a passion for art and this is definitely the direction I want my art to go in. I wanted to give something back and help spread a little bit of good feeling."

"Being in hospital is never easy, especially for a child, so I hope the mural will help put a smile on some faces."

West Mid consultant scoops Distinguished Teacher Award

Emergency Medicine Consultant at West Mid Dr Zul Mirza has been awarded the Distinguished Teacher Award at Imperial College School of Medicine's annual awards ceremony.

The awards recognise ten NHS clinicians from any profession for their contribution in delivering the undergraduate medicine course.

This is only open to those who have already received a teaching excellence award and is recognition of 'truly outstanding teachers who go above and beyond all expectations'.

Dr Joanne Harris (Deputy Head of the Undergraduate School of Medicine) presented the award alongside Martin Lupton (Head of the Undergraduate School of Medicine).

Zul said: "I feel truly humbled and touched to have won the Distinguished Teacher award. It makes all the hard work worthwhile and to be recognised by students and senior colleagues makes it all the more special for me."

Lesley's view by Lesley Watts, Chief Executive



I wish you all a very Happy New Year. The New Year gives a time for reflection on the challenges and opportunities that lay ahead and where, on evaluation, we are doing well and where we could improve.

Zoë Penn, our Medical Director, is working with clinicians to ensure the Clinical Services Strategy is translated into clear business plans for every division, specialty, department and ward, ensuring that all our staff continue to be involved in the planning and delivery of the best care and experience possible for our patients. We have an exciting transformation programme over the next five years, which we will continue to update and describe through Team Brief and CEO reports to the Board.

I have seen how strong our performance in A&E is, our waiting times, the diagnosis and treatment of patients with cancer, and more recently, our 18 week target has been met during the first 100 days of our expanded organisation. This is a tribute to the hard work of all our staff and has been commented on very positively by our regulatory organisations.

Over the last few months I have been impressed by the kindness and friendliness demonstrated by many of our staff. This level of commitment often results in letters and emails from patients who want to acknowledge the great care they have received. However, it is also noticeable that a recurrent complaints theme is that some staff demonstrate an uncaring and unkind attitude. It is so important that patients and their families are received kindly and that they feel we care about them as individuals. I ask everyone to consider how we approach all those who we come into contact with.

Our organisation serves a population of nearly one million people and we are working really closely with our partners in local authorities, community groups and third sector organisations to reset the ambition that sees more people appropriately cared for in our communities.

This will mean that for some patients the care our own staff deliver will support the work of local partners with expert advice and, in some instances, more pragmatic practical interventions. There is a great opportunity for us to receive patients not just into our services but for us to take those services into the community.

Finally, I am going to mention our financial position. This year we will meet our financial target, which means that we will finish the financial year with a deficit of £11.2million. Of course this is not a sustainable position and if not corrected, will mean we will be unable to invest in some of the innovative and productive

schemes that have been developed by our clinical teams. Every month we spend £2 million more than we receive and I believe we can bring about an achievement of balancing our income and expenditure if everyone takes some responsibility for ensuring we live within our means.

We know from commissioners that income from them is unlikely to increase and we are setting ourselves targets to increase income in other ways through research, private patient practice and some enhanced services available for the patients and public. Our private income supports our ability to care for NHS patients and the income we currently get from our private patient work is equal to an extra 100 nurses on our wards and allows us to optimise care for our NHS patients. We will ensure you are kept informed of future income generation versus cost savings measures.

Everyone can do their bit, whether by turning off lights, computers etc when not in use or by ensuring we only order supplies when absolutely necessary. I am very keen that we concentrate on saving money on 'things' so we ensure we maximise our ability to keep 'people' in our organisation. I will ensure we keep you informed of our position.

I want to finish by reiterating what a great place this is, both to be a patient (one of safest in the country) and a member of staff (feedback from staff is generally very positive) even during these challenging times, so well done.

Safe Place scheme launched



The innovative Safe Place scheme—which helps vulnerable people when they are out and about—has launched. The Trust is working with local Community Support Officers from the Metropolitan Police to support the scheme, which helps vulnerable people who have some form of independent living identify premises as safe places which display the 'Safe Place' sticker. These places are for people who may feel vulnerable, threatened or lost.

Lead Nurse for Learning Disabilities and Transition Kathryn Mangold (pictured left with Local Security Management Specialist Trevor Post and Community Support Officer Miriam Parker) said: "A vulnerable person could be elderly, or have a physical or learning disability.

"Dedicated staff at each hospital would then keep an eye on the vulnerable person until their nominated person or the police arrive to arrange for support."

Top tweets

 **thehanddoctor** @maximhorwitz
 @ChelwestFT thanks for the brilliant care of my wife's sprained ankle last night. #caring junior doctors #great nurses radiographers
 9:44am • 12 Jan 2016

 **Lalit Mohan Joshi** @Lalitmohanjoshi
 Thanks to the entire team of nurses, sisters and doctors of CCU @WestMidHospital. I was discharged on Mon 4, after receiving best treatment.
 8:23pm • 6 Jan 2016

 **Rohini Katwala** @RohiniKatwala74
 @ChelwestFT I've lived all over the country. I just had the most efficient blood test service ever! And 2 mins walk! Well done!
 10:24am • 11 Jan 2016

 **Mike Cox** @MikeyJ
 @WestMidHospital spent xmas eve late evening & morning in a&e. Staff were brilliant, so patient & professional, please thank them for me.
 6:07pm • 25 Dec 2015

 **Chloe :)** @ChloexCharlotte
 Spent the week doing work experience in the paediatric department of @ChelwestFT and it was amazing :)
 4:31pm • 18 Dec 2015

 **AD** @ad_1980
 Thank you to the doctors and nurses on the Acute medicine ward @WestMidHospital For looking after my grandmother in her final days
 7:59am • 29 Dec 2015

Day in the life Sarah Haspel & David Stacey Deputy Directors of Integration and Transformation

Sarah started working at the Trust last October and David joined in November.

Before joining the Trust, David was Director of Strategy at West London Mental Health NHS Trust and Sarah was Programme Director for Hounslow and Richmond Community Healthcare NHS Trust.

Both are working alongside staff at each hospital to help teams create a single, cohesive organisation. Their work involves integration and transformation, with a focus on developing services, supporting back office services and ensuring the Clinical Services Strategy is delivered. Sarah is working closely with corporate teams and David is focused on clinical services.

7:30am

David: I usually get to work at around 7:30am. I am often based at West Mid so I can walk to work as this is my local hospital—in fact my son was born here last June. I normally start my day by catching up on emails and planning the day, with the help of a bacon sandwich from Rumbles Restaurant.

Sarah: I begin my day by cycling through Clapham Common and Battersea Park on my way to Chelsea and Westminster Hospital—a really good way to wake up and begin to think about the challenges ahead.

9am

David: I have been spending time shadowing clinicians and today I was in the company of Oliver Lynch, the hospital's IV Line Practitioner Specialist Nurse. Oliver is currently working on a business case and it's really important to me that I understand the clinical nuts and bolts of his proposed service and the benefits it will bring to patient experience, safety and productivity.

I do this for a couple of hours and it's a really interesting way to spend my morning, before thinking about what practical steps we can take.

Sarah: I have a meeting with Director of HR and OD Peta Hayward and her colleagues Viktoria Burley and Annie Duffy, looking at policies and processes to ensure they are standardised and work well for all staff. We also discuss Electronic Staff Records (ESR) and self-service, which will allow people to access and update their own HR records directly.

11am

David: I have a quick check on the team and meet with them to talk about our 2016/17 plans around bed productivity, how we can work both internally and with partners to improve flow throughout the hospitals, and how this fits in with our transformation work.

Sarah: I meet with Shola Adegroye (DDO) and Mike Duncan (Service Improvement and Efficiency Manager) to prepare for a steering group with Karl Munslow-Ong (COO) on how to develop our business processes for planned care pathways to deliver improved patient care.

12pm

Sarah: After responding to a few emails, I catch the midday shuttle bus to West Mid. I eat once I am off the bus to avoid feeling sick!

David: Lunch is usually a quick bite to eat at my desk while checking emails and today I also prepare for the afternoon's Electronic Patient Records (EPR) meeting—we have engaged some external experts, who are helping us design and procure a new electronic patient record over the coming months.

1:30pm

David: I sit in on the emergency and integrated care consultants' meeting to talk to them about the wider integration and transformation agenda, including some of the exciting service developments in their areas, such as the cardiac catheter lab at West Mid.

Obviously they're very busy in A&E, so it's always easier for me to go to them for these kind of meetings. It also gives me a chance to see how things are going.

Sarah: I have a really useful session with members of the communications team in the education centre at West Mid. Nearby in the centre, Datix training was being run by another member of the team, Alex Bolton.

3:30pm

David and Sarah: We both attend a 'deep dive' session with Lesley Watts and her executive colleagues, plus our boss Murray Keith, on some of our more ambitious integration schemes.

Lesley asks our team and the executives lots of probing and testing questions, but it's great that our Chief Executive is getting involved and helping us to unblock problems, as well as making sure we have the support we need to achieve our goals.

5pm

Sarah: I catch the shuttle bus back at 5pm to pick up my bike from a street near the hospital. I know it will have been safe all day as it's so old.

Today I have to do a little more work though—hot-desking in The Hub at the hospital before cycling home.

David: With any luck, I finish the day at a reasonable time with another quick check of emails and see if anything urgent needs responding to.

I then make the short walk home and look forward to making it back in time for bathtime with my son!



60 second interview



Oliver Lynch
IV Line Practitioner

Why did you choose to work at the Trust?

I enjoy the challenge of setting up a new nurse-led vascular service, which has been piloted at West Mid with great success. We are currently developing a business case to expand the service to the Trust to standardise vascular access across the whole Trust.

What is your biggest achievement outside of work?

Completing the Brighton Marathon.

Who is your favourite author?

Robert Rankin—a local author from Brentford who wrote the *Brentford Triangle* series

What is your motto?

If you're going to do a job, do it properly.

How long have you worked at the Trust?
I have been here for five years with one year career break, which I spent recuperating in County Donegal after major surgery on my right shoulder.

What do you most enjoy about your work?

The expression of relief on the patient's face when I place either their mid-line, venflon or PICC line so they can have their medication or bloods taken without more needle stick attempts.

How do you relax?

I do a lot of running and yoga. I also relax watching TV, with a glass of wine.

Describe your perfect day

In the winter, on a mountain skiing. In the summer, on the beach with a glass of Sangria.

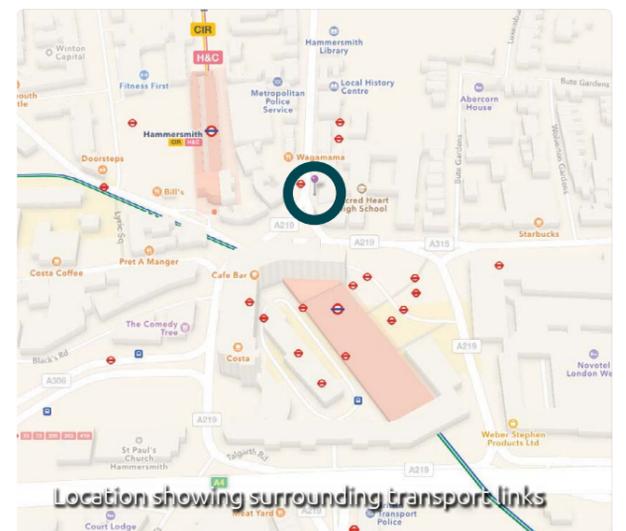
Sexual health service to open on Hammersmith Broadway



Members of the award-winning team



10 Hammersmith Broadway building



Location showing surrounding transport links

Clinicians in sexual health and HIV are set to open a state-of-the-art facility to help address some of the very real public health needs of Hammersmith and Fulham residents.

This standalone facility, a few minutes walk from Hammersmith Tube Station, will be run by the same experienced and friendly team from the West London Centre for Sexual Health (WLCSH).

The clinic is currently based in Charing Cross Hospital in a space which is not tailored to the needs of a modern day sexual health service.

Lead Clinician Rachael Jones said: "Hammersmith and Fulham has some of the highest rates of sexual ill-health in the UK. Poor sexual health and unwanted pregnancies often affect

people who have little access to healthcare.

"We hope that our relocation to 10 Hammersmith Broadway will help make our services more visible and accessible to those who really need our input. We're very grateful to the Trust for investing in us."

The medical team believe that this new location will improve access to sexual health services in the borough, helping them to develop services that will meet immediate patient needs and which will allow them to offer complete sexual health and contraception care.

Healthcare Assistant Philip Raheem said: "The new building will be an exciting opportunity for patients and staff that is definitely a step in the right direction and long overdue."

10 Hammersmith Broadway will provide:

- A walk-in sexual health screening service
- Sexual health/contraception treatment and care, including dedicated sessions for under-19s and clinics for complex cases such as Female Genital Mutilation
- HIV treatment and care

Clinic Manager Chris Shaw said: "10 Hammersmith Broadway will be a modern and exciting premises that will benefit the sexual health service users of west London and beyond.

"We will continue to provide an excellent and high-quality service like the current West London Centre for Sexual Health, yet improve on patient experience.

"The team are all very much looking forward to the move."

The location and look of the new clinic has been developed with the team and current users of the West London Centre for Sexual Health. People said that they wanted the facility to be close to strong transport links, with a modern and contemporary interior that is as far from the 'hospital look' as possible.

Advanced Nurse Practitioner Michelle Jenkins said: "The WLCSH is on the move to 10 Hammersmith Broadway, to brand new premises perfectly located for the local community.

"Patients will experience the same high quality they have come to expect, with improved access and the added advantage of receiving test results on the same day."

Keep up-to-date with clinical governance

Four clinical governance half-day sessions are to be held this year, giving staff protected time to share knowledge and good practice. These sessions are for clinical staff and allied health professionals, although administrative and clerical staff are also encouraged to attend. There should be no scheduled elective or outpatient activity on these mornings.

When are the clinical governance half-day meetings taking place?

- Fri 1 Apr—9am–12:30pm
- Wed 22 Jun—9am–12:30pm
- Wed 28 Sep—9am–12:30pm
- Thu 15 Dec—9am–12:30pm

Venues will be circulated to staff.

Why are these half-day sessions being held?

The sessions help to coordinate clinical governance across the Trust and share good practice. They are available to all disciplines and professions, reflecting the fact that clinical staff need protected time and an opportunity to get together.

The recent Care Quality Commission report said these meetings at the Trust are used well—for discussion, teaching and improvements.

Trust Medical Director Zoë Penn said: "These clinical governance sessions are really important protected learning time, which take place in a spirit of openness, constructive challenge and reflection.

"The sessions have been running for several years at Chelsea and Westminster Hospital and we are looking forward to extending them to West Mid."

What is covered at the meetings?

Topics discussed at the half-day meetings must relate to the three components of clinical quality:

- the safety of treatment and care provided to patients
- effectiveness of the treatment and care provided to patients
- the experience patients have of treatment and care

Theatre show

Theatre show *HIV Blind Date* has arrived at Chelsea and Westminster. Organised in partnership with *Act Up London* and hosted by patient champion Patrick Cash, it is for people living with HIV and Hepatitis C. After a successful first event in January, they'll be back at the end of February at the Queen's Head pub, off Sloane Square.

Patrick said: "All are welcome to watch or take part in the fun. The aim is to celebrate the fabulous fierceness of the community living with HIV and Hepatitis C."

To find out more about the monthly events or to get involved, please message *HIV Blind Date* on Facebook or email patrick.cash@chelwest.nhs.uk. We'd love to have your stories about love, dating and relationships with HIV, and full anonymity can be provided.



A special pull-out guide for staff in all areas of the Trust



Kevin Kennie
Stop Smoking Specialist
Nurse, C&W



Sarah Byrne
Sister, WMUH



Lucinda Sharpe
Midwife, C&W



Deborah Carey
Ward Admin
Assistant, WMUH



Mr Oliver Warren
Consultant in Colorectal
Surgery, C&W



Dr Julie Witter
FY1, WMUH

What Trust staff need to know in 2016

Welcome to this handy pull-out guide for staff, giving helpful information on some changes in key areas of work. These are particularly relevant to nurses and midwives, all of whom need to revalidate in order to continue to practise. This guide gives a description of what they need to do in order to complete the process.

It also outlines the new system that will see all paper notes go electronic and sets out what all staff need to know about incident reporting and investigation. This special pull-out for staff also describes statutory and mandatory training requirements.

Nursing and Midwifery Revalidation

If you are a nurse or midwife registered with the Nursing and Midwifery Council (NMC) you need to know about the changes coming during the next 12 months. There is a process called revalidation that will affect how you renew your NMC registration. If a nurse or midwife does not complete the revalidation process, they will not be permitted to continue to practise clinically.

What is revalidation?

New revalidation requirements come into force from April 2016 and all nurses and midwives in the UK are required to comply in order to continue to practise.

You can find out more about these and check when your revalidation is due by signing up to NMC online.

The revalidation requirements (outlined in the box below) need to be completed before you can make your application to the NMC.

All nurses and midwives throughout the UK are responsible for keeping their professional registration up-to-date, making sure they know the latest news about revalidation and what to do to maintain their registration.

Revalidation is a process that all nurses and midwives need to engage with to demonstrate that they practise safely and effectively throughout their career. It has been designed by the NMC to be easy, straightforward and to help nurses and midwives develop as professionals.

What should all nurses and midwives do to prepare?

The NMC website contains important information to help you prepare for revalidation:

- Sign up to NMC online: www.nmc.org.uk/nmc-online
- Find out your renewal date (you will find this date when you sign up to NMC online)
- Read the guidance and supporting resources: www.nmc.org.uk/revalidation

- Read the new NMC code: www.nmc.org.uk/standards/code

The NMC published the updated code in March 2015, setting out the professional standards in order to be registered to practise in the UK.

The NMC has sent a copy of the code to every nurse and midwife on the NMC register. All nurses and midwives are required to state how they meet the standards in the code when they revalidate.

What is the Trust doing to help you with revalidation?

The 3,000 nurses and midwives at the Trust can choose from three types of training sessions:

Revalidation portfolio workshops
These workshops are now open to nurses and midwives who are due to complete the NMC's revalidation process in the first six months of the new system, between April and September 2016.

Confirmer workshop
For nurses, midwives or other professional staff who are likely to hold the role of confirmer (usually nurses or

midwives leading or managing a team or responsible for appraisal on bands 6–8). The sessions will provide an overview of the process and the role of confirmer, so it will be valuable for you to attend the workshop to prepare for assisting your cohort of NMC registrants.

Revalidation awareness session
If you are due to complete NMC revalidation after October 2016 it is suggested you attend a revalidation awareness session to gain an overview of the NMC requirements so you can prepare for revalidation in advance.

Where can you get advice on revalidation in the Trust

Link nurses and midwives are coming soon. These are nurses or midwives who will be able to provide additional advice on the revalidation process if needed in your division. Details will be published on the Trust revalidation webpage soon.

Divisional nurses and midwives are identifying link nurses and midwives to support colleagues in their divisions.

These key staff will have additional knowledge to advise their colleagues in their own divisions.

If you need further information or advice regarding revalidation, please contact the Trust Nursing and Midwifery Revalidation Lead Nurse Melanie van Limborgh by emailing revalidationNMC@chelwest.nhs.uk or visiting chelwest.nhs.uk/nmcreevaluation.

Don't let your registration lapse!

If your registration lapses due to your annual fee not being received in time by the NMC, or for failing to revalidate on time, the only way to regain registration will be by applying for readmission.

The process can take two to six weeks, depending on your circumstances. You would be unable to practice during that period, will not receive your pay and may be subject to the Trust's disciplinary processes.



What do nurses and midwives have to do to meet the requirements of revalidation?

Revalidation	Revalidation requirements
Practise hours	You must practise a minimum of 450 hours (900 hours for those with dual registration) over the three years prior to the renewal of your registration.
Continuing professional development	You must undertake 35 hours of continuing professional development (CPD) relevant to your scope of practise as a nurse or midwife, over the three years prior to the renewal of your registration. 20 hours of CPD must be through participatory learning.
Practice-related feedback	You must obtain five pieces of practice-related feedback over the three years prior to the renewal of your registration.
Written reflective accounts	You must prepare five written reflective accounts on what you learnt from your CPD practice-related feedback or an event or experience in your practise, and explain how this is relevant to the Code.
Reflective discussion	You must discuss these reflective accounts with another NMC-registered nurse or midwife as part of a reflective discussion.
Health and character	You must provide a health and character declaration, including declaring any cautions or convictions.
Professional indemnity arrangement	You must declare that you have, or will have when practising, appropriate cover under an indemnity arrangement.
Confirmation	You will need to demonstrate to an appropriate person that you have met the revalidation requirements.
Keeping a portfolio	We strongly recommend that you keep evidence that you have met these requirements in a portfolio. This does not have to be an e-portfolio.

Integration and transformation

Now that we are one organisation across two main hospital sites, with a range of community services and clinics, we must work together to deliver our promise to give patients the best care and experience as set out in the Clinical Services Strategy. The strategy outlines our clinical focus over the next few years—find out more below.

Our strategy to provide the best care and experience for patients

Clinicians across the organisation have come together to agree which services we will develop and improve in order to provide the best experience and care possible to patients who use our hospitals and services.

The Clinical Services Strategy, which was developed through a series of clinical summits in 2015 and runs for the next five years, will ensure that all our services are safe, of high quality and financially sound.

Our clinical priorities are:

- To provide excellent urgent and emergency care at both hospitals
- To provide planned hospital care in a way that's efficient for patients and value for money
- To provide the right hospital and out-of-hospital support to an ageing population, which will help them stay well, as well as for patients with long-term conditions

- To provide the most specialist women's and children's services in London from which people choose to receive their treatment and care
- To make sure that the research work we do translates from the bench to the bedside so our patients benefit first from innovation
- To make sure that our team have the right skills and experience which will encourage staff to have long and fulfilling careers with us

Zoë Penn, Medical Director, said: "Our strategy has been developed both with our clinicians and in response to the regional and national challenges that the NHS as a whole faces in terms of finances and a changing population who we need to care for over the next five years."

"Over the coming months, our divisional teams will be translating the priorities into clearly defined actions that will result in better care and experience, which is our underlying aim as a caring organisation."

How we will improve care and experience for patients and staff

In order to use our unique opportunity as a larger Foundation Trust, and deliver the right care and experience to the people we serve, we must transform the way we work. Our priorities over the next few months will be:

- to continue to develop as one organisation

- to provide value for money for the taxpayer in order to further invest in clinical services to deliver higher quality care
- to use the best technology available to improve services for patients, as well as making the working lives of staff easier

Continuing to develop as one organisation

We have now brought two hospitals and off-site services together as part of one Foundation Trust.

On a practical basis, it is vital to ensure we can work across a number of sites, maintaining high levels of safety and quality at all times. To do this, we are moving towards single departmental and team structures.

Reviewing our structures and ensuring that they can operate a standardised approach across all our sites will also have a positive financial impact.

This began with the Board of Directors—one covering all sites—then the Council of Governors—and we have agreed and put in place a final structure for nursing and operational teams.

All departments across the organisation will be reviewed and, where required, departmental consultations will need to take place to ensure that we deliver the right service across multiple sites.

Peta Hayward (Director of HR and OD) said: "Having single departmental and team structures will help us deliver the ambitions set out in the Trust's Clinical Services Strategy."

"We've completed the nursing and operational structures who have become one team with a clear departmental and governance structure. Such a process

will take place, where required, in every department and at every level of the organisation.

"Staff side representatives are in place to help champion the views of our staff at all stages of the consultation process. We invite you to harness this opportunity to help shape what 'being the best' would look like, so that your department helps us achieve the best outcomes and experience for all our patients, as well as using this opportunity to provide you with more personal and career development."

The Trust is committed to making sure that, across the entire organisation, we have the right number of people, with the right skills, in every ward and department, to provide our patients with the best care and experience possible.

We also want to attract the best that the rest of the NHS and beyond has to offer, to help deliver this fundamental aim.

As part of this we are establishing leadership programmes in 2016—available to staff at all levels, and across all disciplines—to help develop lifelong skills and give you experience working in other departments so you help deliver change across the organisation.

Read more about this in the next edition of *Going Beyond*.

Value for money

The NHS as a whole faces a challenging financial climate but demand for services continues to increase.

Our Trust is no different and we will need to do more with less, by working more efficiently.

We need to work differently in order to maintain the quality of our services, but this will also allow us to develop services too. All staff are being asked to look at how we can get better value, with big or small changes all contributing towards us providing more value for money to the taxpayer.

Zoë Penn, Medical Director, said: "We're investing significantly in clinical services, to achieve the ambitions set out in the Clinical Services Strategy, and this includes the work being done to develop a state-of-the-art cardiac catheter lab

at West Mid in order to provide care to patients with heart problems much closer to home. But we can only make such investment if we are financially sound."

The Trust has a detailed efficiency plan—spanning all clinical and non-clinical services—so that patients are seen, treated and discharged from hospital as soon as they are clinically able to go home. Find out more about the plan by visiting the intranet.

If you have a good idea around working more efficiently, we want to know—speak to your line manager, share your ideas at meetings such as Team Briefing or, alternatively, email your suggestions to communications@chelwest.nhs.uk.

Read more on our efficiency achievements in the next edition of *Going Beyond*.

Using the best technology

We are using the latest technology to improve services for patients, as well as make the working lives of our staff easier.

We're committed to a major programme of transformation over the next three years that will be underpinned by a new Electronic Patient Record (EPR) solution, producing a single and secure patient record in one system.

Having a more comprehensive EPR will support the patient's journey seamlessly across the organisation—including the ability to keep people better informed about their care and treatment.

By collecting and sharing health information in one place, our staff will be able to provide more effective care by using data that can be accessed quickly, is accurate and up-to-date.

The EPR will reduce the risk of errors and improve the quality of clinical governance and decision-making for our patients.

Staff are invited to get involved to develop different ways of working and to design a system and approach that works best for staff and for patients.

Karl Munslow-Ong (Chief Operating Officer) said: "Anyone that works at the Trust who is involved in the patient journey, and who uses clinical applications as part of their work with patients, has a unique chance to help shape which IT solution we will use in the future."

"If you have ideas on what we could invest in and what improvements we could make to help you do your job better, as well as improve each patient's experience of our services, you must make sure you get involved at one of our staff engagement sessions which are all available on the intranet."

If you want to get involved in this integration and transformation work please contact the integration and transformation team by calling 020 3315 5477.

EDM and staff training

It will soon be possible to access all patient medical records from one place thanks to the electronic document management (EDM) system, Evolve, which electronically replicates the paper-based system. The Department of Health has set an ambitious target for all NHS Trusts to be paperless by 2018 and the Trust aims to be one of the first to go paper-light.

About the EDM project

EDM refers to storing and indexing patient medical records electronically on the Evolve system. EPR (electronic patient record) refers to the function of Lastword—patient registration, bookings, test results, electronic prescribing and location tracking of paper records.

The key difference is that Evolve stores paper patient records of consultations and operations, procedures etc, indexed to enable them to be viewed by specialty and document type. Lastword manages and records patients' appointments and tracks the location of paper records.

The EDM project is gathering pace and more than 80% of outpatient services at Chelsea and Westminster are currently on Evolve. The project goes live at West Mid later this year. There is a yellow flag on Lastword next to a patient's name if their notes are on Evolve. The EDM project

team is working with each specialty in turn and is now nearing the end of the process to get all documents online.

Echo reports and medical illustrations are currently available on Evolve. Emergency department cards will appear on Evolve 5–10 days after admission. Clinic letters entered via BigHand are automatically displayed on Evolve. Soon, when a patient visits the hospital, they will have a plastic 'day forward' file with just that day's notes.

Evolve also enables staff to input information. Some specialties use e-forms (typed directly into the system) while others use smart forms (hand-written and scanned in).

Evolve enables several people to look at the same notes at the same time—information is indexed better and easier to find using searchable keywords.

Scanning notes

The paper notes for patients whose records are on Evolve are collected every day at midday and taken off site for scanning:

- Scanned notes appear on Evolve 24 hours later
- The turnaround time for legacy files is five working days
- Escalation processes are in place for urgent notes

Get in touch

Please get in touch using the most suitable email address below:

- EDMProject@chelwest.nhs.uk (for all Evolve queries)
- ITServiceDesk@chelwest.nhs.uk (for IT equipment or technical queries)
- MedicalRecords@chelwest.nhs.uk (for medical records queries or electronic corrections etc)

What you need to know about reporting and investigating incidents

A new, online version of the Trust's incident reporting system, Datix, was introduced across the Trust in early February.

This means we will have the same incident reporting system across all sites in the Trust, which allows all incidents affecting patients and staff to be reported and investigated online via the intranet.

This new system will be supported by incident handlers, investigators and leads.

They will be supported by subject experts who have specialist knowledge or over-arching responsibility for certain types of incidents.

What you need to do

- All ward areas and departments must nominate incident handlers and investigators if they have not done so already
- All nominated incident handlers and investigators must then attend training on the new system

A new incident management flowchart, an outline of roles and responsibilities and a list of training dates are available on the intranet.

For further information or to book a training date or nominate incident handlers and investigators, contact datix.mailbox@chelwest.nhs.uk.

How to become paper-light

Becoming paper-light is simple—see the steps below to get started:

- Make sure you are up-to-date with training. Click on 'EDM' on the homepage of the intranet. All staff can access online training to receive a tutorial on using Evolve. Clinicians, nurses and administrative teams can also access one-to-one and group training sessions.
- Ensure medical records are filed correctly in old style paper files and plastic EDM files.

- Use the most effective input options: these could be smart forms, e-forms or some other type of document such as referral letters or external reports. Please contact the EDM team via the details on this page to find out how best to input information.
- Identify a main point of contact for each service, department or ward to help others such as new users. A main point of contact will also help your team to keep up to speed as the system develops, share best practice and ensure new processes are adopted.

It is a professional requirement for all NHS staff to complete the statutory and mandatory training topics relevant to their role. The purpose of core essential and mandatory training programmes is to improve our standard of care, and to keep patients and staff safe.

Statutory and mandatory training

The Trust's statutory and mandatory training programme is designed to ensure the safety and wellbeing of all staff and patients—and helps staff keep up-to-date with professional standards.

Mandatory training reports are distributed to managers each month to keep them informed of those staff who are keeping up-to-date, those who have training topics that are due to go out of date, and those who have failed to keep up-to-date with their training.

Corporate induction

Mandatory training starts with your corporate induction. The programme consists of a series of short sessions

supplemented with face-to-face training and e-learning. It includes:

- A welcome by the Chief Executive or other Board member
- Training in health, safety and wellbeing for staff and service users

Local induction

As soon as you join your department you will have a local induction with your line manager which includes:

- Local and Trustwide policies and procedures relating to your role and the area in which you work
- An introduction to your department or ward and colleagues.

Ongoing statutory and mandatory training

Over time, standards and work practices change following research or as a result of learning from incidents across the NHS. Therefore, to ensure staff are

adopting the latest best practice guidance, they are responsible for ensuring they complete their mandatory training.

Currently, approximately 83% of staff are compliant and we are aiming to achieve a compliance rate of 95% by 31 March 2016.

Progress to date (% compliance Trustwide)



'Changing Places' facility officially opens

Chelsea and Westminster Hospital has an innovative new changing and toilet facility for people who cannot use standard accessible toilets, who have profound and multiple learning disabilities, or who have other disabilities which severely limit mobility such as muscular dystrophy and multiple sclerosis.

This facility is the first of its kind in an acute trust in London and is available to any patient, visitor or member of the public who needs to use it.

The 'Changing Places' facility, which is different to a standard or accessible toilet, includes an extra wide, height adjustable changing bench, shower facilities and a Liko hoist system. Access is via the RADAR key system.

The Mayor and Mayoress of The Royal Borough of Kensington and Chelsea (RBKC) officially opened the Changing

Places facility during a visit on 10 December 2015.

Kathryn Mangold (Lead Nurse for Learning Disabilities and Transition) said: "This is a great facility and it is really important to ensure we continue to do our best to provide the highest standard of service and access for all our patients."

Mothers Hayley and Gina, who helped champion the facility, said: "We are really grateful to the Trust for taking on our concerns over the lack of accessible changing facilities for our daughters, Alice and Mia, both of whom have very complex physical needs."

"It will make such a difference to our visits to the hospital and we hope that this state-of-the-art, wonderful changing place will be the forerunner of many more such accessible facilities across other acute hospital trusts."



Mums Hayley and Gina with their daughters Alice and Mia, The Mayor and Mayoress of RBKC and Kathryn Mangold in the new facility

Children's party



Union J band members with Ollie Marland (left) and Luke Friend (right) visit with patients

Boy band Union J made a special appearance at a Christmas party at Chelsea Children's Hospital on Saturday 5 December, along with two other special guests, previous X Factor contestants Luke Friend and Ollie Marland.

The party, funded by Chelsea Children's Hospital Charity, was for children who have been treated in the hospital. Union J joined in different activities and had a great time with the children, visiting them on the wards and playing with others at the Christmas party.

Consultant Paediatric Urologist Miss Marie-Klaire Farrugia said: "It was a pleasure to see patients' delighted faces at all the surprises that the party had in store. I was particularly impressed by

the generosity and all-round loveliness of the boys from Union J, the kids loved them."

One mum Harriet Kempton said: "Our sons Alfie and Arlo had such a fantastic time, from meeting Santa, to decorating cupcakes, face painting, the dance group and the gifts to name but a few highlights. It was very clear how much thought, time and fundraising had gone into putting on the event. We were so grateful for the opportunity to enjoy such a lovely day."

It has a huge impact on families going through an illness—not only because it lifts the spirits, but also because it made us feel like we are part of something bigger than just ourselves. It really meant a lot to us."

CW+ 2015 in numbers



The Trust's charity CW+ would like to thank everyone that supported its work in 2015. Here are a few highlights from the year:

- £3.226m raised, and we hold pledges for future donations of £971,000
- 5,271 miles run/trekged/swam/cycled/driven/skydived by 10 of our fantastic fundraisers, raising £59,347.94
- 5,186 hours of our RELAX Anaesthetics technology—developed with staff and patients—used to help distract children while they are anaesthetised

- £27,945 of Small Change Big Impact grants approved for 21 applications by staff and patients, improving care and wellbeing

- 700 performing arts activities enjoyed by patients, staff and visitors

- 3,600 minutes of the latest film releases enjoyed for free by patients in the CW+ MediCinema

- 222m² is the size of our bespoke fox and rhino artworks on the exterior of the CW+ MediCinema

- 77 people quit smoking thanks to the smoking cessation service—funded by our social impact bond—potentially saving the NHS nearly £300,000

- Three national awards won by the charity—two for innovation, and one for patient care

- £1.225m legacy received from former hospital employee



Exterior artwork of the CW+ MediCinema

CW+ supporters continue to help transform the patient environment in the hospital, including the redevelopment of A&E and other innovative work aimed at improving care for patients. To find out more visit www.cwplus.org.uk.

Local youngsters learn about healthy eating and first aid



Students from Hotham Primary School in the CW+ MediCinema

More than 50 primary school children visited Chelsea and Westminster Hospital recently to learn about first aid and healthy eating.

The nine and ten year olds from Hotham Primary School in Putney visited the CW+ MediCinema, where they watched a short film on what to do if someone is choking. They also listened to a talk from the hospital's dieticians and enjoyed fun quizzes and other activities.

Teacher Isobel Probert, said: "This is the first time the children have visited the hospital as a group and they loved every minute. It was a great way to bring the curriculum to life in these important areas—interactive sessions like this are a fantastic way to learn."

Matron in Paediatrics Kerry Heyes said: "This sort of session shows how the hospital can open its doors and play an active role in the community. It was really good to see the enthusiasm of these children and everyone involved had a great time."

Nine-year-old Mia said: "I was born at this hospital so it is interesting to come here to learn about healthy eating and first aid. I learned all about the traffic light system for food and we were shown how to do bandages and other ways to help people."

William, aged 10, said: "We have learned a lot, all about what to do if you get burned and how to help people who are hurt."

Christmas at Chelsea and Westminster



Saracens visit at West Mid



Chelsea Football Club visit at Chelsea and Westminster



Christmas at Chelsea and Westminster event



Chelsea Football Club visit at Chelsea and Westminster



Christmas at Chelsea and Westminster event



Christmas at Chelsea and Westminster event



Christmas at Chelsea and Westminster event



The Friends Christmas Fair



The Friends Christmas Fair

inster and West Middlesex



HATS patient transport gift giving



Chelsea Children's Hospital Charity Christmas party



Christmas at West Mid event



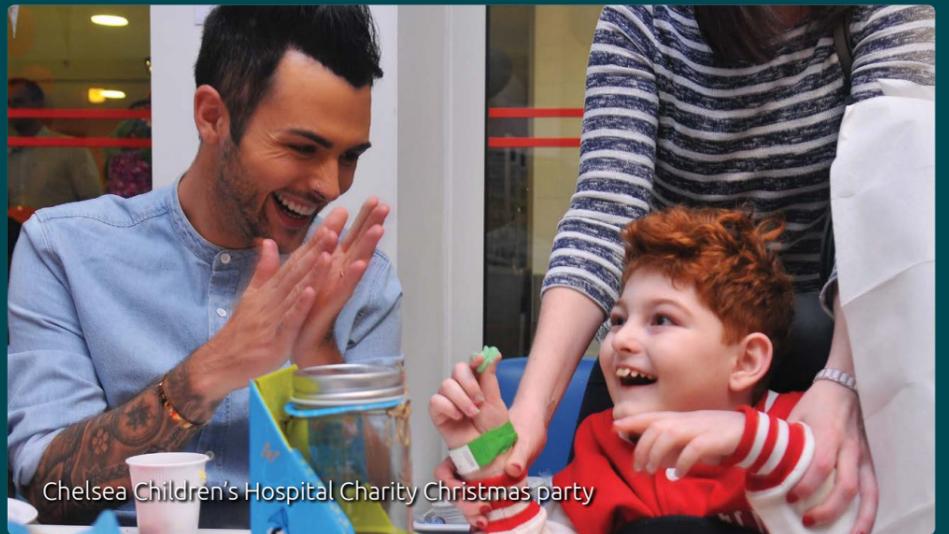
Chelsea Children's Hospital Charity Christmas party



Chelsea Children's Hospital Charity Christmas party



Christmas at West Mid event



Chelsea Children's Hospital Charity Christmas party



Christmas at West Mid event



Christmas at West Mid event



Chelsea Children's Hospital Charity Christmas party



Christmas at West Mid event



Governors' gift giving and carol singing

Speaker's corner

Read about the key issues of the day in this regular column submitted by staff. If you would like to contribute, please email communications@chelwest.nhs.uk.

Why use technology in the NHS?

By Gary Hartnoll

Gary Hartnoll is Associate Medical Director for Clinical Informatics and Transformation, and Consultant in Neonatal Medicine



Technology has developed dramatically in recent years, with the advent of ever-evolving smartphones, tablets and other devices.

Estimates suggest that up to 70% of people in the UK now own or use a smartphone and—despite the name—they are used less and less to make phone calls but more and more to access the internet, use apps and a host of other means of sharing information.

This clearly has great potential for improving the way healthcare is provided, but successful technology in the health service needs to be built around patient care, rather than around the technology itself.

The use of 'intelligent' devices means people are already able to make basic health checks, such as measuring blood glucose levels and blood pressure. These can then be seamlessly passed back to clinicians at the hospital, who can in turn monitor people's health and make changes that can help patients remain healthy. Video conferencing is also being used to provide effective, convenient care—while virtual clinics mean patients have far greater and swifter access to the care they need.

Access to information online and via apps is becoming increasingly easy for many, but people also want to be assured that their data is safe and confidential. This is being achieved by using the latest device authentication techniques, which allows people to securely log in to their data.

Latest developments are enabling more efficient ward management such as touch-screen, mobile apps that enable hospital managers to view their own wards, manage beds and monitor patients' vital signs.

They can provide real-time updates on each individual patient, such as progress in the next stage of their care. Better use of new technology can ensure people are admitted more quickly, as well as helping to reduce the amount of time people spend in hospital and enabling them to return home sooner.

Joined up, electronic care plans mean that hospitals, GPs, social care services and others can receive real-time updates. Securely sharing information between healthcare providers will soon mean an end to missing and misfiled notes; they will be searchable and accessible from anywhere at any time.

Technology can help with routine and emergency assessments, measuring everything from temperature to heart rate, to assessing the risk of falls and the chances of developing venous thromboembolism.

The pull-out accompanying this edition of *Going Beyond* features Electronic Document Management (EDM) and the progress being made by the Trust to go 'paper-light' in the next 12 months. The health secretary has set the NHS a target of becoming paperless by 2018 and the Trust is in the process of introducing EDM, which will ensure all electronic data is stored in one place.

A challenging financial environment and increasing demand for services means this sort of project is more important than ever in helping frontline professionals deal with heavy workloads.

Tailored technology can also give patients access to their health records, enabling them to manage and change appointments, as well as check results and prescriptions.

We sometimes hear that take-up of new technology is slow in the health service, or there is an increased need for awareness-raising but if we build technology around the needs of patients and those who care for them, patients and those working in the health service will be demanding it, not resisting it.

New projects such as the 'patients know best' scheme aim to provide people with a copy of all of their health records, help them understand what it means and empower them to make decisions, along with their family and healthcare professionals.

Word from the atrium

In each edition of *Going Beyond*, we'll be visiting both hospitals to get the word from the atrium. If there's a question you'd like to ask, please email communications@chelwest.nhs.uk.

What are your hopes for 2016?

Damilola Popoola-Momson
Phlebotomist (C&W)



"We need more peace in the world."

Angharad Jenkins
Teaching Fellow (WMUH)



"To have a healthy baby, which is due in June."

Shaniekie Harrison
Receptionist (C&W)



"I hope for health and happiness."

Ash Sadighi
Consultant Acute Medicine (WMUH)



"I hope that my family and I have a smooth move into our new home."

Mohamed El-Askary
A&E Consultant (WMUH)



"Lose a bit of weight and try and get fitter."

"Also to keep helping lots of patients in A&E."

Richard Ingrey
Service Manager for Medicine (WMUH)



"I move to Greece in May and my hope is that it all goes to plan!"

New technology can mean people are treated earlier, which in turn leads to better outcomes, saving money but, more importantly, providing better healthcare for patients.

So what does the future hold? The introduction of 'big systems' technology in the NHS has not always gone as smoothly as hoped and the answer may well lie in disparate networks working together to a common set of standards.

Developing technology is about new ways of working, thinking differently and changing established working practices. There is great potential for technology

to improve the way people are cared for throughout the health service, but one thing is certain—healthcare professionals and patients play a vital role in adopting and spreading the effective use of technology in the NHS.

Much of what is set out here is aspirational, but we are working to update and improve our systems so that these aims come to fruition and start to provide benefits for patients as soon as possible. One thing is certain, technology will continue to advance at pace which means there will be many more opportunities to develop and use technology to improve patient care.

goingbeyond

If you have a story idea, article or letter to the editor for the next issue of *Going Beyond*, please contact the Communications Department by Friday 19 February.

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