It’s official—we’re an excellent hospital

Chelsea and Westminster has been assessed as an excellent hospital by the Care Quality Commission, the independent health watchdog.

Thanks to the hard work and expertise of all staff, the Trust was rated ‘Excellent’ (the highest possible score) for the quality of both its services and financial management in the NHS annual performance ratings which were published in October.

Only 37 out of 392 NHS trusts nationally achieved a double Excellent rating which means we are in the top 9% of NHS trusts in England.

Chelsea and Westminster is also the best performing acute trust in North West London.

A notable achievement in this year’s annual performance rating was that all three hospitals located within a mile of each other on Fulham Road—Chelsea and Westminster, the Royal Marsden and Royal Brompton—achieved a double ‘Excellent’ score.

NHS Chief Executive, David Nicholson and Care Quality Commission Chairman, Barbara Young singled out Chelsea and Westminster among 43 NHS trusts nationally that have done particularly well in the performance ratings for the last two years.

In a letter to Chief Executive, Heather Lawrence they said: “We want to acknowledge the achievements of you and your staff and to thank all of you for all that has been done on behalf of patients.”

Trust Chairman, Professor Sir Christopher Edwards added: “I was delighted to receive the news that Chelsea and Westminster has received a rating of Excellent for the quality of both our services and financial management. It is a tribute to all the hard work which has been put in by all staff.”

Heather Lawrence, Chief Executive, said: “We should be very proud of this independent assessment by the Care Quality Commission that all patients can expect the very highest standards of care when they choose to be treated at Chelsea and Westminster.

“We must now demonstrate consistency in our performance to achieve the same excellence for the current financial year, with a particular focus on MRSA rates, 18 week referral to treatment times, and financial control.”

The Trust has received a number of congratulations on its performance in the ratings from local GPs who said that the Care Quality Commission’s assessment reflected the positive comments they hear about Chelsea and Westminster from patients referred to the hospital for treatment.

National NHS Staff Survey 2009

This is your chance to give anonymous feedback on what it’s like to work at Chelsea and Westminster Hospital.

Deadline 30 November

Everyone’s views are important!

See page 2 for more information.

How do we compare with other hospitals in North West London?

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Heather’s view

by Heather Lawrence, Chief Executive

Following the announcement of the NHS annual performance ratings last month, I have received many calls and letters of congratulations about Chelsea and Westminster’s results. I would like to thank all staff for their contribution in helping us achieve a rating of ‘Excellent’ for the quality of both our services and financial management. We are one of only nine NHS Trusts in London to do so and are ranked among the top 9% of Trusts in the country.

Maintaining this rating next year is going to be even more challenging, but we must not rest on our laurels and think that the job is done. We are on a journey of continual improvement and it is one that will never end.

I believe that maintaining excellent standards is achieved by having a genuine dialogue with our patients and staff including our clinicians.

We are aiming to make communicating with our patients easier by expanding the use of the Patient Experience Trackers and I would like all staff to make it a priority to encourage your patients to use them.

We are also currently engaging with clinicians about the proposal to reorganise our services into a divisional structure—this can be found on the intranet.

I would like to finish this month’s column by encouraging all staff to think about how you’re going to prepare for the winter and give yourselves the best opportunity to stay well through the flu season.

The seasonal flu vaccine clinics are once again underway and frontline staff are also being offered the swine flu vaccine. Whether you choose to have either or both vaccines is very much a personal decision, but I encourage you to think carefully about what your plans are to get through the winter and seek advice if you have any concerns or questions.

Swine flu vaccination starts

Frontline clinical staff are being encouraged to have the swine flu vaccination to protect themselves, their patients and staff colleagues this winter.

Staff can receive both the swine flu vaccination and the seasonal flu vaccination at the same time.

Visit the Occupational Health department on the lower ground floor every weekday 8am–4.30pm—no need to book, just turn up at a time convenient for you.

Local vaccination sessions are being held in wards and departments, details are available in clinical areas.

Andrew MacCallum, Director of Nursing, says: “I have written personally to senior nurses and midwives encouraging them to get vaccinated to support the Trust’s robust plans to cope with the swine flu pandemic.”

Immunisation is being offered to frontline clinical staff in accordance with official government advice.

The Department of Health has prioritised these staff because they are at the highest risk of contracting swine flu and passing it on to patients.

Non-clinical staff can have the seasonal flu vaccination at walk-in clinics held in Occupational Health every Tuesday 9am–12 noon and every Thursday 1:30–4:30pm.

How have you completed your Staff Survey?

The Coffee Break and Q&A sessions held in recent weeks were a useful resource for staff and allowed them quiet time to complete their surveys and have their questions answered.

There will also be a staff survey stall at the Trust’s Diversity Day on 25 November to give staff the chance to see how it can make a difference to both staff and patients.

Further information can be found in the Staff Survey folder on the intranet under ‘Human Resources’, or you can contact Laura Neligan, Trust Staff Survey Lead at laura.neligan@chelwest.nhs.uk.

CLAHRC—one year on

Projects at a Glance

COPD Care Bundle Project is aiming to improve the rehabilitation process, and reduce the readmission of patients leaving hospital.

Opt-out HIV Testing in the Emergency Department is enabling researchers to look into the prevalence of HIV among the undiagnosed population.

Medicines Management Project involves pharmacists and ward-based clinical staff supporting the discharge process by ensuring all medications are documented and tracked to ensure patient safety and continuity of care.

The Community Acquired Pneumonia Care Bundle Project is taking place at West Midlands University Hospital and Imperial College Healthcare NHS Trust based upon a successful pilot project at Chelsea and Westminster.

Case Management is taking place at NHS Ealing and NHS Brent and aims to measure the impact of a dedicated ‘case manager’, for example, a community matron who manages an individual’s care needs such as medication, specialist consultations, social care and routine check-ups.

Time is running out to complete your 2009 Staff Survey before the 30 November deadline.

The Trust is aiming for at least a 65% response rate this year, meaning that we need a minimum of 1,770 staff to complete their surveys. A reminder will be sent to staff by early November, to give them another opportunity to complete it by the deadline.

The more surveys that are completed means the Trust has better feedback to act on, which will help to make positive changes to people’s working lives and make improvements to the patient experience.

World AIDS Day

The Mayor of Kensington & Chelsea, Cllr Timothy Coleridge, will be the guest of honour at the Trust’s events to mark World AIDS Day which will take place on the ground floor of the main hospital building on Tuesday 1 December.

Diary dates

This year’s Christmas Cheer Awards, which give staff and patients an opportunity to celebrate the efforts of staff, will be held at 3pm on Thursday 17 December in the Education Centre—see December’s Trust News for details of how to nominate a colleague.

Next year’s hospital Open Day will be held from 11am to 3pm on Saturday 8 May—almost 1,500 people attended this year’s Open Day. Details of how departments and specialties can get involved will be available in the new year.

West London staff meet Windies legend

Staff from the West London Centre for Sexual Health, located at Charing Cross Hospital but run by our Trust, were invited to the launch of the Nu-Life health club on the White City Estate to promote sexual healthcare to the local community. They had an opportunity to meet legendary West Indian cricketer Michael Holding who was the guest speaker at the event.

Celebrating diversity

A diversity event will be held on Wednesday 25 November to highlight how equality and diversity is integral to improving the experience of staff and patients.

The will be workshops, entertainment and stalls on the ground floor near the M-PALS office. Also attending will be Stonewall and the Royal Borough Council of Kensington & Chelsea to promote their areas of expertise and engage with patients and staff.

Car parking facilities available on Edith Grove

The Trust has negotiated a special car parking arrangement for staff and hospital users at a nearby facility located outside the Congestion Charging Zone.

LCP Parking Services Ltd is offering parking spaces at its facility on Edith Grove at the discounted rate of £50/month + VAT (min 12 months). This is half the usual rate charged.

Staff wishing to find out more should contact the Locations Manager Nicholas Brucher on 0845 8800 197 or email nbrucher@lcpparkingservices.co.uk or info@lcpparkingservices.co.uk

Seasonal flu vaccine—have you had yours yet?

This year’s seasonal flu vaccination programme is now underway.

Occupational Health (located on the lower ground floor) is running a walk-in vaccination clinic for the seasonal flu vaccine every Tuesday 9am–12 noon and every Thursday 1:30–4:30pm.

The Department of Health has prioritised these staff because they are at the highest risk of contracting swine flu and passing it on to patients.

Further information can be found in the Staff Survey folder on the intranet under ‘Human Resources’, or you can contact Laura Neligan, Trust Staff Survey Lead at laura.neligan@chelwest.nhs.uk.
**Acid attack survivor thanks hospital staff**

Katie Piper, who suffered horrific burns when she was attacked with sulphuric acid, has nothing but praise for staff at Chelsea and Westminster who saved her life and are now helping to rebuild her face.

She told her amazing story of personal courage and determination in a Channel 4 documentary which was screened on 29 October.

Katie said: “I would have died without the amazing efforts of staff at Chelsea and Westminster immediately after I was attacked and over the last 18 months they have supported me every step of the way during my treatment.

“Coming to terms with the fact that my life as I knew it before the attack was over, and that my facial appearance had changed forever, has been incredibly difficult and I wouldn’t have been able to rebuild my life without the support of all the staff at Chelsea and Westminster.

“I want to say thank you to everyone in the Burns Service, in particular my surgeon Mohammad Jawad who has done an amazing job of rebuilding my face. It has exceeded my expectations of what I ever thought would be medically possible. I’m thrilled.”

Because the depth of the burns from the sulphuric acid penetrated all layers of the skin on Katie’s face and elsewhere on her body, Mr Jawad used an artificial skin substitute to rebuild the layers of skin on her face before grafting skin from her back and bottom.

Mr Jawad said: “Katie has shown great courage and determination and it has been my privilege as her surgeon to treat this remarkable young woman. Her care was a real team effort, involving not only the Burns Service but also staff in the Intensive Care Unit, Gastroenterology, the Eye Department and many other areas of the hospital.”

Mr Greg Williams, Service Lead of the Burns Service, added: “We are the only specialist Burns Service in London and our role is to provide not only medical and nursing expertise to heal patients’ physical injuries but also empathy, compassion and emotional support.

“Burns medicine is a little-known specialty which isn’t often in the public eye and so I hope the Channel 4 documentary will help raise public awareness of this vital NHS service.”

Katie’s story and her gratitude to staff at Chelsea and Westminster received widespread media coverage including BBC Breakfast News, ‘This Morning’ on ITV, the News of the World, Mail on Sunday, Daily Mirror, Daily Telegraph and Evening Standard.

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**Seasonal Working Conference**

**Friday 27 November**

Registrations are now open for the next Seasonal Working Conference.

Book your place now for this FREE event featuring:

- A major focus on patient safety
- Interactive sessions on productive ward, tissue viability and pain management development
- A workshop on developing yourself
- A conversation with Heather Lawrence, Chief Executive

Spaces are also still available for staff who wish to present to colleagues about projects or initiatives they’ve been working on. This is a good opportunity to share your work.

To register for the conference or to find out how you can take part, email your name and details to centreforprofessionallearning@chelseawest.nhs.uk.

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**New Admission Lounge opens**

Patients who come to Chelsea and Westminster for surgery are set to benefit following the opening of the new Fry Surgical Admission Lounge.

It officially opened last month and will now be used to admit the majority of elective surgical patients on the morning of their operation. Patients will be seen by their doctor and anaesthetist in the lounge and will then walk to theatre for surgery.

Holly Ashforth, Clinical Nurse Lead for Surgery, said: “Previously, patients coming for elective surgery were asked to report to David Evans Ward where they would have to wait until a bed became available so they could be admitted.

“Patients had to wait quite a long time before they were taken to theatre, which meant that they may have had to spend long periods of time in their hospital gown.

“The new lounge means that patients will be notified 20 minutes prior to being walked to theatre, they will have had the opportunity to meet a member of the recovery team and will only be taken to the ward after they have recovered from their surgery.

“Patients can find ward environments quite chaotic, particularly if they’re coming from swine flu should be referred to the Diabetes team.

“Early referral to our team can lead to a reduction in complications, length of stay and better outcomes for patients.”

Diabetes team referral forms are available in all wards and departments.

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**Use your vote!**

Members’ Council elections are taking place this month. Staff in constituencies where elections are being contested were sent ballot papers on Friday 30 October. The deadline for returning completed ballot papers must be received by the Returning Officer—is 20 November.

Elections are being held in five of the six staff constituencies. In three constituencies only one member of staff nominated themselves to stand for election. In these constituencies no election will be contested, ballot papers have not been issued, and three staff have been elected automatically to the Members’ Council.

- Jacinto Jesus (Contracted)
- Prof Brian Gazzard (Medical & Dental)
- Sinead Jones (Support, Admin & Clerical)

Elections are being contested in the Management and Allied Health Professionals, Scientific & Technical staff constituencies. The following candidates are contesting the elections:

**Management**
- Carol Dale
- Vince Pross

**Allied Health Professionals, Scientific & Technical**
- Luke Hall
- Chris Hamblen
- Trenday Mutsopotsi

Elections are also being held for seven patient representatives and three public representatives on the Members’ Council.
Focus on... Our Future

Chelsea and Westminster Hospital is on the verge of some significant and exciting developments which will change the way in which we deliver our services and the way in which we all work.

This month we feature a round-up of some of the major changes which are taking place within the hospital and the NHS so you can see how they might affect you.

The future of healthcare

The NHS is undergoing unprecedented change, driven by recent national directives such as the Darzi review and the need to assess how healthcare can be delivered in the current economic climate.

Chelsea and Westminster, like all NHS Trusts, is facing a challenging future which requires us to continue delivering excellent care for our patients, but to do so in a much more efficient and streamlined way.

Heather Lawrence, Chief Executive, said: “More and more, we are required to bid for services and demonstrate that we can provide excellent care for our patients in a cost efficient way.

“To achieve this we need to think differently about how we do things and challenge ourselves to be innovative.

“There is no benefit in making changes for the sake of it, but we should also be questioning if making changes would bring about improvements for our patients.”

Changes to the NHS in North West London

- Urgent Care Centres will be set up in every Emergency Department to deliver 60% of current ED activity, freeing up ED staff to treat the most acutely ill patients
- Non-urgent care including 50% of outpatient activity will be transferred from hospitals to the community
- Specialist Paediatric Surgery is being centralised—Chelsea and Westminster has already won a bid to become the lead paediatric surgical centre from April 2010
- Stroke services have been centralised—Chelsea and Westminster is now a Stroke Unit and Transient Ischaemic Attack (TIA) Centre
- Reduce the number of hospitals providing emergency surgery and have fewer acute hospitals
- Work with NHS London on Cancer and Cardiovascular reviews

Strategy briefings

Heather Lawrence, Chief Executive will be hosting a series of briefings this month to keep you informed about what the future holds for Chelsea and Westminster and the major changes which are being planned.

All staff are invited to attend and you should make it a priority to attend one of these sessions.

- Friday 13 November
  12 noon–1pm
  Hospital Boardroom
  Lower Ground Floor
- Wednesday 18 November
  8–9am
  Hospital Boardroom
  Lower Ground Floor
- Monday 23 November
  5–6pm
  Hospital Boardroom
  Lower Ground Floor

Architect’s impression of the planned redevelopment of the hospital viewed from Netherton Grove

Photo gallery

Maternity staff welcome newcomers

Supervisors of Midwives held a welcome lunch party in October for the first intake of 12 Kings College London midwifery students and 15 new midwifery staff.

Andrew MacCallum, Director of Nursing, and Vivien Bell, Head of Midwifery, gave them a warm welcome and all the Maternity Unit staff are looking forward to working with them.

Bariatric Study Day

Leading Consultant Bariatric Surgeon Mr Alberic Fiennes of University College London Hospital (pictured left) joined members of the Trust’s Bariatric Team, Denise Katsicoffe (Clinical Psychologist), Kelli Edmiston (Specialist Dietitian) and Mr Evangelos Efthimiou (Consultant Bariatric Surgeon), to speak at the ‘Emergencies in Bariatric Surgery’ study day in October. More than 50 consultants, registrars and nurses attended the course, which was organised by Chelsea and Westminster Consultant Surgeons Mr Gianluca Bonanomi, Mr Evangelos Efthimiou, Mr James Smellie and Mr Jeremy Thompson.

Teddies for therapy

Burns patient Chayanne Evans Benjamin with her teddy which is used during play sessions to help her understand and cope with her medical treatment.
Improving our administrative services

Construction is almost complete on the purpose-built office space located on the fourth floor of the main hospital building, which will be used to accommodate a new centre for administrative, appointments and admissions staff.

The new development will help to not only ease the shortage of office space available within the hospital but also facilitate the centralisation of the Trust’s administrative processes and improve their efficiency which is a key corporate objective.

Feedback from patients, GPs and our own staff has consistently shown that one of their most common areas of concern is the hospital’s administrative processes.

Most comments from patients at our annual meeting in September were about administrative issues.

It is clear that we need to improve the way in which we communicate with patients through letters, the appointments system and telephone contact.

By locating all of our vital administrative functions in one place, staff working in those areas will be able to communicate more effectively with each other to co-ordinate patient care and ensure that all of the people we care for have a positive experience.

Hannah Coffey, Director of Operations, said: “The new space will provide us with a great opportunity to look at how we currently work and make improvements where they’re needed.

“Importantly, it will also be a fantastic new space in which to work and provide a much nicer working environment for our administrative staff.”

All medical secretaries based in the main hospital building and staff working in the admissions, appointments and validations teams will be relocated to the new space.

Construction is expected to be completed in November and staff will move into the space during December.

Expanding paediatrics

Following the Trust’s successful bid to become the lead paediatric surgical centre for North West London and the hub of a new paediatric surgical network, building work has been completed on a temporary PHDU (Paediatric High Dependency Unit).

Building work has been taking place in recent weeks to convert the Neptune Seminar Room, located on Neptune Ward on the first floor, into the new PHDU.

The development expands our existing HDU to eight beds, doubling the current capacity and enabling the Trust to care for children with more serious health conditions including those who need ventilation.

Mr Simon Eccles, Chief of Paediatrics, said: “This is just the first step towards becoming the lead centre for specialist paediatric surgery but I’m delighted with the progress so far. I would like to take this opportunity to thank all staff working on the unit for their support and patience throughout the building work.”

The new paediatric surgical arrangements will be operational by April 2010.

Urgent care update

An Urgent Care Centre is to be developed in Chelsea and Westminster’s Emergency Department.

It is part of a national strategy to reduce the number of unnecessary A&E attendances and will free up Emergency Department staff to care for patients with more complex needs.

NHS Kensington and Chelsea is aiming to reduce the current activity in our Emergency Department by 60% which would then be delivered by the new Urgent Care Centre.

The Trust is likely to have to bid to manage the Urgent Care Centre which is located within the Emergency Department.

It will be staffed by a range of staff including GPs, nurses, emergency care practitioners, midwives, mental health practitioners and social care staff.

Under the current timelines set out by NHS Kensington and Chelsea, the Urgent Care Centre is expected to open to patients by October 2010.
New VTE risk assessment tool launched

The Trust has launched a new electronic risk assessment tool to help prevent venous thromboembolism (VTE) in patients who come to hospital.

All adult patients admitted overnight are now given a VTE risk assessment when they are being admitted and all patients coming to hospital for elective surgery are risk assessed in the pre-assessment clinic.

Chelsea and Westminster Hospital is one of the few NHS Trusts to have developed an electronic VTE risk assessment tool, which is accessed through Lastword.

Consultant Haematologist Dr Helen Yarranton said: “All admitting doctors should be completing the assessment tool to determine if the patient has risk factors which might increase the chance of them developing VTE whilst in hospital.

“Almost all hospitalised patients have at least one risk factor whether it’s to do with their age or if they have an underlying or existing condition which increases their risk, or whether the procedure they’re having has an increased risk associated with it.

“The assessment tool flags up those patients who may have a higher risk factor so we can discuss their options with the patient. Some patients may need treatment with compression stockings or medication.

“Patients will also be provided with an information leaflet about VTE to make them aware of the condition and how it can be prevented. Similar to the Trust’s ongoing handwashing campaign, where patients are encouraged to ask staff if they have washed their hands, we want patients to feel empowered to ask their doctor for a risk assessment if they haven’t had one.”

Dr Mike Anderson, Medical Director said: “The Board of Directors has listed reducing the rate of hospital acquired VTE as one of the Trust’s three key quality indicators and we are aiming to reduce the number of preventable VTEs by 15% over the next 12 months.

“The Department of Health has also made this a national priority, so we are demonstrating our commitment by being proactive and innovative and developing the electronic risk assessment tool.

“Our target is that 100% of all adult patients admitted to the hospital will be risk assessed and we will be auditing compliance within clinical areas on a monthly basis.”

A short training video available on the Intranet has also been developed to provide clinicians with a step-by-step guide on how to access and complete the risk assessment.

What is VTE?

Venous thromboembolism (VTE) describes deep vein thrombosis (DVT) with or without pulmonary embolism (PE). DVT is a condition in which a thrombus (blood clot) forms in a deep vein usually in the veins of the leg or the pelvis.

A DVT can block off or reduce blood flow that may cause swelling and pain in the leg. Sometimes the DVT in the leg breaks off and travels to the arteries of the lung where it will cause a PE. A PE may cause breathing difficulties and chest pain and may be fatal.

It is a very serious condition and an estimated 25,000 people a year die from hospital-acquired VTE in England and Wales.

New Stroke Co-ordinator

Jonathan Kelly has joined the Trust as our new Stroke Co-ordinator. He previously worked for the North West London Cardiac and Stroke Network, having been specially trained and worked as a physiotherapist.

He has taken over from Binnie Grant who left Chelsea and Westminster in October to start a new challenge as General Manager for Cancer Services at Broomfield Hospital in Essex.

Jonathan says: “I am joining the Trust at a really interesting time for our stroke services.”

“Following the Londonwide consultation on stroke earlier this year, we have been designated as a Stroke Unit and a transient ischaemic attack (TIA) centre.”

Jonathan can be contacted on x55269 or via Trust email.

HIV & Sexual Health directorate.

For the first time in the history of the NHS, the NHS Constitution brings together in one place details of what staff, patients and the public can expect from the National Health Service.

Who needs to know about it?

All staff because, subject to Parliamentary approval, all NHS trusts and private healthcare providers that supply NHS services in England will be required by law to take account of the Constitution in their decisions and actions.

How can I find out more?

To read the full text of the Constitution, visit the Department of Health’s website at www.dh.gov.uk.

What does it say?

As well as stating the purpose, principles and values of the NHS, the Constitution includes a number of rights, pledges and responsibilities for staff and patients.

These rights and responsibilities are the result of extensive discussions and consultations with staff, patients and the public, and it reflects what matters to them.

Why does it matter?

For the first time in the history of the NHS, the Constitution brings together in one place details of what staff, patients and the public can expect from the National Health Service.

What is it?

The NHS Constitution was published on 21 January 2009. It was one of a number of recommendations in Lord Darzi’s report High Quality Care for All which was published on the 60th anniversary of the NHS and set out a 10-year plan to provide the highest quality of care and service for patients in England. It is likely to receive Royal Assent (Parliamentary approval) and become law this autumn.

The Bigger Picture: The latest in our series focusing on major national health policy developments that staff need to be aware of

NHS Constitution

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The NHS Constitution was published on 21 January 2009. It was one of a number of recommendations in Lord Darzi’s report High Quality Care for All which was published on the 60th anniversary of the NHS and set out a 10-year plan to provide the highest quality of care and service for patients in England. It is likely to receive Royal Assent (Parliamentary approval) and become law this autumn.

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Dr Mark Nelson

Consultant Physician in HIV

How long have you worked here?

I trained at Westminster Hospital, and have been at Chelsea and Westminster Hospital since 1994.

What is your favourite book?

A Clockwork Orange

Your favourite public figure?

Professor Brian Gazzard and Julius Caesar.

Your most treasured possession?

My wife, Sian.

What other job would you do?

I would be a jockey!
Employee/Team of the Month
Sponsored and funded by Chelsea and Westminster Health Charity

Congratulations to John Lennon
Amanda Pritchard (Trust Deputy Chief Executive) and Gary Lawson (Charity Chief Executive) and

Executive) with John Lennon
Amanda Pritchard (Trust Deputy Chief Executive) and Gary Lawson (Charity Chief Executive) and

Congratulations to John Lennon
Amanda Pritchard (Trust Deputy Chief Executive) and Gary Lawson (Charity Chief Executive) and

Amanda Pritchard

Chelsea and Westminster Health Charity

Inaugural JRC Fellowships Announced

Two doctors were recently awarded the first annual Research Fellowships by the Chelsea and Westminster Health Charity.

Dr Dominika Murgasova (left) is exploring the determinants of liver fat deposition in healthy term babies, using liver magnetic spectroscopy.

Dr Caroline Patterson (right) is researching new approaches to the assessment of acutely breathless patients through the use of specialist blood tests and CT scanning techniques.

They are pictured with Gary Lawson, Chief Executive of the Chelsea and Westminster Health Charity.

Consultant heads overseas to help women in Africa

Consultant Obstetrician and Gynaecologist Roger Marwood is heading off to Africa to spend a month working in a maternity hospital.

He will be based in Gimbie, Ethiopia thanks to sponsorship provided by the charity Maternity Worldwide, which aims to improve obstetric care for women and reduce maternal mortality in developing countries.

Roger said: “I’m very much looking forward to the challenge and it’s something I’ve wanted to do for a long time.

“The work that I shall doing in Gimbie will be mainly as an obstetrician in a busy maternity hospital which delivers about 2,500 women a year and currently has a maternal mortality of 3%, which is about 300 times the rate in the UK.

“Since the charity has received National Lottery funding over the last three years, the mortality rate at the hospital has halved and the delivery numbers have quadrupled.

“They are planning to put out an advertisement on the radio before I arrive, to invite women with gynaecological problems to come to the hospital for possible advice and treatment.

“Traditionally, women travel many miles to get help in complicated labour so I don’t think that I shall be short of work. In fact my main concern is that I shall be overwhelmed by the experience.”

Roger, who started at the Westminster Hospital as a Consultant in 1982, is also retiring as an NHS Consultant Obstetrician.

On his return from Gimbie, he will continue working as a Consultant Gynaecologist at Chelsea and Westminster Hospital and as a private Obstetrician and Gynaecologist.

Success and expansion for Dermatology

Chelsea and Westminster Hospital has been named the preferred provider of community dermatology services in the NHS Westminster catchment area following a competitive tender process.

The service will run from four locations—St John’s Wood, Stowe, Soho and South Westminster.

It will be led by a new community consultant, a specialist nurse and four GPs with a special interest in dermatology.

It is expected that the first phase of the service will be running from the South Westminster Clinic by December.

The new arrangements will benefit patients who seldom need the resources of a hospital environment.

In turn, it opens up more capacity in the Trust for patients who have serious and complex dermatological conditions and need our specialist care.

Alex takes part in marathon challenge

Alex Baer, Staff Nurse in the Emergency Department, took part in the gruelling Sahara Race at the end of October.

This ‘ultramarathon’ involves running 160 miles (the equivalent of six marathons) in seven days through the Sahara desert, while carrying supplies, equipment and stocks of water for each day.

Alex took part with his brother and a friend as team ‘Desert Gentlemen’ to raise money for the charity Pancreatic Cancer UK which is dedicated to funding research and providing support to patients and their families affected by this highly aggressive form of cancer.

Before setting off for the Sahara, Alex told Trust News: “We called our team ‘Desert Gentlemen’ because the idea was to complete the race with as much spirit, fortitude and stiff upper lip as we could muster!”

“We are aiming to raise £10,000, we reached £7,000 before leaving the UK, and we would love more people to sponsor us in aid of a good cause.”

If you would like to sponsor Alex, go to www.justgiving.com/desert-gentlemen.

congratulations

Congratulations to Fiona Berry who has been appointed as the new Play Team Leader. Fiona has been with the play team for two and a half years and now leads the team of seven hospital play specialists who provide support and distraction for children and families during their hospital admission.

Fiona said: “I’m excited about my new role and the challenges and rewards it will bring. I am looking forward to us implementing lots of new initiatives and further developing the play service so we can really provide an excellent service for the children and families we care for.”

farewell

Melanie Van Limborgh, Assistant Director of Nursing, has accepted a prestigious role in the Emergency Preparedness Division at the Department of Health. She is on a six month secondment as a Programme Manager and will be working on projects addressing business continuity in the NHS, strategic leadership in the NHS and looking at the amendment of the Civil Contingencies Act.

Melanie said: “The role is very different to my role as Assistant Director of Nursing and it is good to experience a new way of working. I am really enjoying the role, I would like to thank Andrew MacCallum for his support of my taking on this new challenge. Catherine Sands is taking forward the role of Emergency Planning during my secondment and I know she will do the role justice.”

Hand hygiene watch

Each month, Infection Control Link Professionals—nurses, therapists and other staff who are responsible for infection control in their area of the hospital—audit the standards of hand hygiene throughout the Trust.

The compliance rate for September was 80%, which was an improvement on 78% in August.

Congratulations to Phlebotomy and Pre-assessment who scored 100%. There were also several departments who scored 95% or better including Thomas Macaulay Ward, Emergency Department, Fracture Clinic, St Mary Abots Ward and Outpatients 4.

Staff and visitors are reminded that alcohol hand gel is widely available throughout the Trust, including at the entrance to all clinical areas.
Improving the Patient Experience

What are our patients saying about Chelsea and Westminster?

Common themes that have emerged from patient feedback received about the Trust during the previous seven days are now being communicated to all staff every week via the Daily Noticeboard email bulletin.

This new instant feedback mechanism aims to ensure that all staff are aware of what our patients are saying about the hospital, both the things we are doing well that patients are happy about and those areas where improvement is needed.

A monthly round-up of the weekly email bulletins will also be included in Trust News every month.

Learning from patient feedback, both positive and negative, can help improve the overall experience of patients at Chelsea and Westminster. Improving the patient experience is one of the Trust’s three key corporate objectives for the 2009/10 financial year.

Key themes of patient feedback in the week beginning Monday 12 October included the fact that a number of patients commented positively on how friendly and approachable the receptionists and nurses in the Emergency Department are while some outpatients said they would like to be kept better informed when there are delays in appointment times.

Look out for the instant patient feedback item on the Daily Noticeboard email bulletin—it will usually be included on a Monday or Tuesday every week.

Patient Experience Tracker set to be rolled out to more clinical areas

The Patient Experience Tracker (PET), which was introduced on inpatient wards earlier this year to help the Trust analyse patients’ views about their experience at Chelsea and Westminster and make improvements based on their comments, is due to be rolled out to outpatient departments, the Emergency Department, and other areas this month.

The PET, an electronic patient feedback device, generates weekly reports which go to ward and department managers so that individual clinical areas have an opportunity to make local improvements based on the feedback from their patients.

Sometimes even relatively simple and small-scale changes can make a big difference to patients’ experience of the time they spend in the hospital.

The PET should be given to all patients when they are discharged from a ward, even if they are being transferred to another area in the hospital rather than going home, or alternatively at the end of their outpatient appointment.

Patient feedback through the PET to date has been largely positive but response rates across the Trust need to be increased so that more patients are given the opportunity to give their views.

If the response rate is higher, it means that the results have more statistical significance and will carry more weight if a ward or department wants to implement a change as a result of PET feedback.

Sian Nelson, Membership & Engagement Manager, explains: “Our analysis so far shows that patients who have the opportunity to have a say feel more satisfied about the quality of our care. In other words, patients who are invited to use the PET feel more valued.

“Different approaches may help improve the response rate in different clinical areas, for example if a certain approach works in Maternity it may not be appropriate on a medical or surgical ward.

“We would like staff to have a conversation with their patients about their experience when they are about to be discharged or transferred, and then to invite them to use the PET as part of that conversation.

“The new Trust Comment Card can also be used in conjunction with the PET if patients have specific feedback about their experience.”

Productive Ward programme pays off

The Releasing Time to Care—The Productive Ward programme is focused on improving ward processes and environments to help staff spend more time caring directly for patients.

Since it was piloted in January 2009, the programme has been rolled out to a number of wards with the intention that all wards will have started it by next summer.

Releasing Time to Care aims to deliver improvements in patient safety, patient satisfaction, efficiency of care, and staff wellbeing—it has already led to major changes on wards.

For example, levels of staff sickness on St Mary Abbots Ward have been reduced from 22% in January, when the Releasing Time to Care programme was first piloted on the ward, to 5% in September.

Mitch Haines, a Modern Matron for Surgery, says: “Staff awareness has been raised. The use of the Safety Cross visually highlights levels of unplanned leave and sickness.

“It makes staff think about the amount of time that their ward has had to work without its full complement of permanent staff and either drafted in temporary staff or struggled on with unfilled shifts.

“This gives them an understanding of the effect this has on continuity of patient care and the increased workload for their colleagues.”

Another example of the positive impact of Releasing Time to Care is an improvement in patient safety on David Erskine Ward where staff identified a high number of falls at the start of the programme.

They introduced flagging of falls risks on the ward’s patient status at a glance board, introduced a checklist for these risks, and ran local training for nurses to ensure they could identify risk factors.

As a result the number of days per month when there has been a falls-related incident on the ward has been reduced from eight days in January, when the Releasing Time to Care programme was first piloted on the ward, to two days in August.

Sharon Doyley, also a Modern Matron for Surgery, says: “There is no doubt that the programme also has a huge impact on length of stay—we have definitely seen that on Lord Wigram Ward, as the staff are more focused on efficiency.

“The surgical wards now have a Safety Cross to monitor the discharging of patients by 10am as part of the Productive Ward programme.”

trustnews

If you have a story idea or article for the next edition of Trust News please contact Renae McBride by 13 November.

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