A new initiative funded by the Friends of Chelsea & Westminster Hospital and run by hospital volunteers to improve the experience of patients will be the topic of a presentation at the Trust’s Annual Members’ Meeting.

The meeting will be held at 5:30pm on Thursday 15 September in the Restaurant on the Lower Ground Floor of the hospital—everyone is welcome.

The Friends Patient Support Project is an exciting new project, launched earlier this year, run by Serena Venticonti (Patient Support Co-ordinator) with a wonderful team of more than 30 volunteers who help patients in a variety of ways:

- **Visiting patients**: Volunteers spend time chatting to patients, reading to them and running errands such as going to the Hospital Shop on their behalf.
- **Mealtime assistance**: It is very important for patients, particularly elderly patients, to eat well in hospital and so our volunteers are trained by our clinical staff to be able to safely help at mealtimes, sometimes by just providing some company and encouragement and on other occasions by giving physical assistance.
- **‘Here to help’**: From talking to members of the public we found that visitors sometimes struggle to find their way around the hospital. At peak periods, our volunteers spend time in the hospital directing patients and visitors to different departments and, if necessary, accompanying them to where they need to go.
- **‘Request a volunteer’**: We have recently launched a new part to this project called ‘Request a volunteer’. Often it is not possible for friends and family members to visit someone in hospital as much as they would like. We wanted to set up a system whereby these patients could be visited by volunteers on behalf of their loved ones. To request a volunteer all you have to do is to either:
  - go to the ‘Your Hospital Visit’ page of our website and click on the request a volunteer button in the sidebar
  - fill in one of the ‘Request a volunteer’ forms which are available from M-PALS and the wards

The Friends Patient Support Project has already been a great success with fantastic feedback from people who have used our services.

Kim Crosby, daughter of a patient, said: “My mother was recently a patient on Edgar Horne Ward. I noticed that other patients on the ward were lucky enough to receive lots of visitors, and so aiding their recovery process. As my mother’s family is spread countrywide and I was her only visitor, I asked if a volunteer might be able to pop by to say hello to my Mum once in a while. “The same day one of the wonderful volunteers did this and visited daily thereafter. The visits were a positive experience for my Mum and helped to pick her up. I really appreciated this new service.”

Abimbola Jim-Adebakin, wife of a hospital patient who contacted the hospital from Nigeria where she lives, said: “I must express my most sincere gratitude to you and your team. You provided me and Jimi such a reliable source of support during his stay in the hospital.

“It would have been much more traumatic for me due to the physical distance between us and my inability to visit him often.”

The Annual Members’ Meeting on 15 September will include presentations by Public Governor Melvyn Jeremiah, Professor Sir Christopher Edwards (Chairman), Heather Lawrence (Chief Executive) and Lorraine Bewes (Director of Finance)—there will also be an opportunity to quiz the Board of Directors during a Question and Answer session and refreshments will be served afterwards.

We have given each objective a visual symbol— you will see that many articles in this month’s Trust News have one of these symbols to show their link to the objectives.

There is also a particular emphasis on one of the objectives—improving the patient experience—which is the key theme of this month’s Trust News and our Annual Members’ Meeting on 15 September.
The ‘No More Clots’ campaign is raising awareness of rapid HIV testing among gay men in Soho.

Respiratory study day—25 August

Nurses, healthcare assistants, physiotherapists and other healthcare professionals in the Trust are invited to attend a respiratory study day on Thursday, 25 August in the Centre for Clinical Practice—it will cover topics including asthma and COPD, TB, lung cancer and pulmonary rehabilitation. Please contact Cielito Canea (Respiratory Clinical Nurse Specialist) on X5362, Bleep 4174 or via Trust email to register.

NHSLA Level 3 ‘informal’ assessment—26 August

Demonstrating our compliance with NHS Litigation Authority (NHSLA) risk management standards assures patients of our commitment to managing risks.

Staff in areas throughout the Trust have been submitting evidence to demonstrate compliance with the risk management standards—this evidence will be reviewed by an assessor on Friday 26 August before the on-site assessment on 5 and 6 December.

All staff who have been identified as operational leads for specific risk areas should ensure that they (or a suitable deputy) are available on this date.

Don’t be a twit!—staff guide to social networking

Social networking websites such as Twitter and Facebook are increasingly popular—and indeed the Trust has a Twitter feed and clinical services such as 56 Dean Street have Facebook pages to promote the Trust and its services.

This is totally separate from staff personal use of these sites. All staff must ensure they do not breach patient confidentiality or in any way compromise the Trust through their personal use of social media.

The Trust’s Social Networking Policy has been summarised in a handy staff information card titled Don’t be a twit!—copies will be available very soon.

‘No More Clots’ bulletin

Ensuring that no patient acquires a preventable blood clot or pulmonary embolism (known collectively as venous thromboembolism or VTEs) is one of the Trust’s four priorities for quality improvement this year.

The ‘No More Clots’ campaign is raising awareness of the issue among staff and patients—staff can read the latest VTE Bulletin on the intranet.

Web watch

There was a record number of visits to the Chelsea and Westminster Hospital website—more than 53,000—and we hope that a major revamp of the site will make it even more popular with patients and others. The revamp includes a brand new Homepage, an easy-to-use A-Z of services for patients and GPs, and a fresh design—the new-look website went live in July.

The increasing traffic on the website demonstrates that it is an ever more important source of information for patients, visitors and people interested in working here.

Web editors in many different areas have significantly improved their sections and the revamp of the website will make it much easier for web editors to update the site.

The Trust website is your service’s window on the world, so if you think your section needs improvement and you want to get involved as a web editor, please contact George Viskopoulou (Web Communications & Online Manager) on x52767 or via Trust email.

Hand hygiene watch

The Trust achieved 93% hand hygiene compliance in June according to audits conducted by Infection Control Link Professionals (staff who are responsible for infection control in their areas of the Trust). This is a decrease from 94% compliance achieved in May.

Many areas of the hospital achieved 100% compliance including:

- Phlebotomy
- Endoscopy
- EOG Department
- Recovery
- Treatment Centre
- Decontamination Services
- Edgar Horne Ward
- Emergency Department
- Children’s Emergency Department
- Medical Day Unit
- David Evans Ward
- Eye Clinic
- Fracture Clinic
- Neptune Ward
- Thomas Macaulay Ward
- Annie Zimm Ward
- Josephine Barns Ward
- Laboratory
- Outpatient Department

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

What do patients say about Chelsea and Westminster?

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

Staff working in our Physiotherapy Department were praised for being friendly and professional.

However, patients also raised concerns about not being able to contact some clinics and departments by phone. Staff should ensure that there is always a member of staff available to answer phone in their areas—if that isn’t possible, voicemails should be properly set up and any messages returned promptly.

Letter of the month

The M-PALS team receives hundreds of letters from patients commenting on their care and every edition of Trust News features one of those letters to help share this feedback.
The Revd Dr Christina Beardsley (Head of Multi-faith Chaplaincy Team), Sister Clementina Nasimiyu (Christian Chaplain), The Revd Sharon Connell (Christian Chaplain) and Imam Sadeq Hansali (Muslim Chaplain)

Meet the team... Multi-faith Chaplaincy

There are some services within Chelsea and Westminster Hospital which cut across every single ward, clinic or department and the Multi-Faith Chaplaincy Team is a perfect example.

The Chaplaincy team—made up of five full-time or part-time paid Chaplains and a number of volunteer Chaplains—provides support for patients and their friends, relatives and visitors 24 hours a day, seven days a week.

They are in ongoing contact with more than 100 people every week, assisting those who need spiritual, religious or emotional support regardless of their faith or beliefs. Their mission statement is ‘Hospitality of the heart: hospitality for the human spirit.’

The team includes Chaplains from the Jewish, Muslim and Christian faiths and the Humanist tradition, but representatives from other religious traditions such as Hindu, Sikh or Buddhist are also available if requested.

The Revd Dr Christina Beardsley is the Head of the Multi-faith Chaplaincy Team and says that the work they do with patients and their relatives varies widely, depending on their individual needs and personal circumstances.

Christina says: “We aim to visit every ward, every week, regardless of whether a patient or their relative or visitor has requested a visit while respecting those who do not wish to be visited.

“Many requests come from people who have had a sudden illness, or a member of their family has, but likewise we provide a service for patients with long-term conditions, or perhaps parents who have a baby in the Neonatal Intensive Care Unit or someone with a relative or loved one receiving palliative care.

“Everyone is different; some people are clear about what they need from the Chaplains but some aren’t, so we take into consideration what they’re personal circumstances are and respond appropriately.

“We have also conducted patient satisfaction research which showed that people especially value the prayer, listening skills and spiritual sensitivity of the Chaplaincy team, as well as their stability at a time of trauma.

“We also need to consider that sometimes patients and families are uncertain about what the outcome will be, so we might focus more on prayers for protection and peace to provide support and comfort.

“We work closely with obvious departments such as Accident and Emergency, Intensive Care Unit and the Acute Assessment Unit where illnesses tend to be very sudden and we attend team meetings in palliative care, HIV and Neonatal.

“Just being in a hospital environment can bring everything to a head and we find that people open up much more quickly than they probably would do under normal circumstances. People also speak much more freely than they might do within their own parish or place of worship.

“One of the more common phrases I hear from patients or relatives is ‘I’m very not religious, but...’ and all the Chaplains are willing to offer general spiritual support to people but we may refer to our Humanist colleague too when that is needed.

“Other times people find that going through an experience like being in hospital, or having a loved one in hospital, prompts them to reconnect with their local faith community and we can facilitate that.

“Of course many of the people we support are going through a very stressful time, but our work can be incredibly positive as well whether it’s being able to see someone well enough to return home or going on the maternity ward to bless a newborn baby.”

Who’s who

- The Revd Father Paul Addison
  Christian Chaplain (Roman Catholic)
- Mr David Armstrong
  Volunteer Chaplain (Church of England)
- The Revd Dr Christina Beardsley
  Head of Multi-faith Chaplaincy Team
  (Church of England)
- Miss Rosemarie Cockayne
  Volunteer Chaplain (Church of England)
- The Revd Sharon Connell
  Christian Chaplain (Church of England)
- Imam Sadeq Hansali
  Muslim Chaplain
- Rabbi Mendy Loewenthal
  Jewish Chaplain
- Mrs Edna Mathiason
  Humanist Chaplain
- The Revd Eileen McGregor
  Volunteer Chaplain (Church of England)
- Sister Clementina Nasimiyu
  Christian Chaplain (Roman Catholic)
- Mrs Charlotte Ndelu
  Volunteer Chaplain (Christian)
- The Revd Peter Wintgens
  Volunteer Chaplain (Church of England)
- Roman Catholic Eucharistic Ministers
  Florence, Flora, Mary-Jane & Monica

Contact the Chaplaincy team

- T 020 3315 8083
- E chaplaincy@chelseawest.nhs.uk
- In an emergency the on-call Chaplain can be contacted via a member of staff or by phoning the hospital switchboard on 020 8746 8000

Places of reflection and calm

- The Sanctuary—multi-faith/quiet room
  First Floor, Lift Bank B
- The Chapel
  First Floor, Lift Bank C

Regular services

- Church of England Holy Communion
  10am every Sunday (held in the Chapel)
- Roman Catholic Mass
  11am every Sunday (held in the Chapel)
- Christian Staff Fellowship
  12:30pm every Tuesday
- Church of England Holy Communion
  11am every Thursday
- Jumu’ah or Friday Prayers
  1:15–1:50pm every Friday (held in the tent on The Stage, Second Floor, between Lift Bank C and D)

Marie-Klaire Farrugia, Consultant Paediatric Urologist

Why did you become a Paediatric Urologist?

As a medical student in Malta, I was attracted by the action and drama in the operating theatres and soon realised I was a surgeon at heart (and in personality). Having always wanted to work with children, a career in Paediatric Surgery was the obvious choice. I moved to the UK eleven years ago and trained in Paediatric Surgery in London and Oxford. I was awarded a Kids Kidney Research grant to study the outcome of the obstructed fetal bladder at the UCL Institute of Child Health, leading to a postgraduate MD. At the end of my training, I completed a subspeciality fellowship in Paediatric Urology, leading to my current post.

Why did you choose to work at Chelsea and Westminster?

The opportunity to develop perinatal and minimally-invasive Paediatric Urology in the lead centre of the North West London Paediatric Surgical Network, as part of a fantastic and supportive Paediatric Surgical team, in a state of the art hospital investing in new paediatric theatres with the latest technology, in the best part of London!

Where did you go on your last holiday?

My last holiday was a long-haul trip before I began my Consultant career in May. We started off wine-tasting in the vineyards of the Hunter Valley, followed by a glorious week’s sailing around the Whitsundays (Great Barrier Reef)—and finally Sydney!

What is your earliest memory?

I was the height of innovation at the time. I was only two years old, but still had enough to say “Repeat to me my earliest memory?”. I can still see the whiteboard with my brand new yellow Walkman which was the height of innovation at the time. I was dragged in utter humiliation to my mother, who was a sixth form Biology teacher in the same school. It was not my coolest moment.
Gadget Show show host launches children’s surgery robot appeal

Jason Bradbury, host of Channel 5’s Gadget Show, launched an appeal to raise £1.5 million to buy the first robot-assisted surgical operating system for children and babies in Southern England at a star-studded event at top venue Altitude 360 Black in Millbank Tower.

The Pluto Appeal is part of the Children’s Burns Appeal at Chelsea and Westminster which aims to raise £5 million towards our brand new children’s hospital, due to open to patients in early 2012.

It has been named to tie in with the planet names of our children’s wards and to help children and parents identify with the concept of robotic surgery.

Celebrity guests at the launch included singer and actress Sophie Ellis-Bextor, who had both her children at Chelsea and Westminster Hospital, actor John Hannah, Nancy Dell’Olio, and Phil and Paul Hartnoll of electronic dance music duo Orbital.

- You can donate to the Children’s Burns Appeal at www.justgiving.com/childrensburnsappeal
- You can donate to The Pluto Appeal—by buying a pixel of the robot for £1—at www.theplutoappeal.com

‘Lady in the Mask’ celebrates Burns Appeal success

On the sixth anniversary of the 7/7 London bombings, brave survivor Davinia Turrell announced that a psychologist will provide vital psychological care.

Davinia, who was treated for burns at Chelsea and Westminster Hospital having been injured in the Tube train bombing at Edgware Road station on 7 July 2005, launched the fundraising appeal on 7 July last year.

The image of Davinia clutching a surgical mask to her face in the aftermath of the Edgware Road bombing came to symbolise the bravery of Londoners on that day—she became known in the media as the ‘Lady in the Mask’.

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

‘When I was treated at Chelsea and Westminster Hospital, I had help from a post-traumatic stress counsellor but there wasn’t a dedicated psychologist attached to the Burns Service. Since then Clinical Psychologist Dr Lisa Williams was appointed to set up the psychological service for adults and I have worked with her closely to create and fund a project to improve access to psychological care.

“Thanks to the generosity of everyone who donated money to the Burns Appeal which I launched on 7/7 last year, Chelsea and Westminster Hospital has now appointed Clinical Psychologist Dr Sally Norwood to run a dedicated psychological screening service for the next two years.”

Sally Norwood will ensure that all burns inpatients receive an assessment of their psychosocial needs on admission to hospital, as well as ongoing screening and monitoring to highlight issues in the years after they suffer a burn.

She said: “By screening patients when they are first admitted to hospital and at other key points of their treatment journey, we can assess their psychological needs and resources and then provide timely interventions to promote the emotional wellbeing of patients and their families.”

Gary Lawson, Chief Executive of Chelsea and Westminster Health Charity added: “We are delighted that the Burns Appeal has raised awareness of the excellent work that staff in the Burns Service provide for their patients and we are extremely grateful to more than 500 donors who helped us to raise more than £100,000.”

Medical Records: Make sure you keep track!

More than 350,000 patients are treated at Chelsea and Westminster each year and every single one will have a set of medical records that are securely stored by the hospital. Managing such a large volume of information requires strict access which helps to ensure that a patient’s notes are sent to the right place at the right time.

All medical records should be electronically tracked wherever they go, whether it’s from a doctor’s clinic room to a secretary’s desk, or from the secretary’s desk to the Radiology Department.

Mike Delahunty (Head of Booking and Outpatient Services) said some sets of notes can go on a complicated journey throughout the hospital, particularly if a patient is cared for in a number of different specialties and in a variety of different locations.

Mike said: “It’s our responsibility to ensure the confidentiality of our patient records and it’s vital that we know where our medical records are at all times by making sure that notes are tracked to correct location.

“It’s a clinical risk when doctors don’t have access to the notes and are having to rely on a patient’s knowledge of their medical history to make decisions.

“It can also result in the delay or cancellation of appointments which is a waste of not only our time, but more importantly, our patients’ time as well.

“Looking for notes that are missing is a huge drain on resources and wouldn’t be necessary if we all tracked notes correctly.”

To remind staff of the importance of tracking notes, the Medical Records Department will be conducting regular audits every two months to highlight which areas of the hospital aren’t following the correct procedure.

Mike continued: “It’s everyone’s responsibility to track notes correctly and we take the issue very seriously. It’s not only up to the person sending the notes to another department to make sure they are tracked correctly, but also the person receiving them.”

Ms Alison Hulme (Orthopaedic Consultant) said: “Complete notes are essential for good medical practice.

“It is vital that we have all medical records available when we see patients in clinic. Doctors can’t make safe decisions regarding patient management without all the information easily accessible.

“We are constantly under pressure not to bring patients back to hospital unnecessarily, but if notes are not present or are incomplete it can leave no choice but to bring the patient back for another appointment. This is a waste of the patient’s time, the doctor’s time and the loss of a clinic slot.

“The Trust may also be financially penalised for not meeting performance targets.”
Our Council of Governors includes elected representatives of patients, members of the public and hospital staff as well as nominated representatives of key local organisations such as universities.

Governors ensure that the voices of those who use our services as patients, live in the local community and work for the hospital are heard.

A number of Governors have spent time in the hospital shadowing staff to help them gain an insight into life at Chelsea and Westminster—and now this has been extended so that Governors are able to join Senior Nurses on ‘rounds’ or visits to wards and departments.

The introduction of Senior Nurse/Governor Rounds has been a valuable experience for both staff and Governors to visit clinical areas, talk to patients and staff, and most importantly see where there are opportunities to improve care for patients.

In this month’s Trust News you can discover what Patient Governors Chris Birch and Susan Maxwell discovered during their visits.

### Chris Birch (Patient Governor)

I am proud to be a Governor of this hospital, and one reason is its outstanding record in the fight against HIV. Two close friends were killed by HIV and the lives of some of my HIV positive friends were saved by this hospital’s doctors. So I jumped at an opportunity to visit all our HIV and sexual health clinics.

I was lucky to have Jane Bruton, Clinical Nurse Lead for HIV, as my guide. We first visited the John Hunter Clinic in the St Stephen’s Centre, next door to the hospital. HIV tests, with results in a few minutes, are provided plus pregnancy testing, contraception, Hepatitis B and C screening and Hepatitis B vaccinations. About 26,000 men and women a year attend.

Then it was on to the Kobler Clinic on the Ground Floor of the St Stephen’s Centre, an outpatient clinic, which sees about 29,000 attendances a year and a high proportion of those are of Black African or Black Caribbean origin. There is also a walk-in clinic for patients aged between 16 and 24.

Our next stop was the West London Centre for Sexual Health located in Charing Cross Hospital’s South Wing. The centre has about 29,000 attendances a year and a high proportion of those are of Black African or Black Caribbean origin. There is also a walk-in clinic for patients aged between 16 and 24.

Our final destination was our two-year-old 56 Dean Street centre, run by Dr Alan McOwan in Soho, now the busiest clinic of its kind in London, with about 53,000 attendances a year, mainly gay men.

Outreach work is done in the local Chinese community where there is a lot of Hepatitis. The clinic has about 1,800 HIV positive individuals and is open until 7pm on Mondays, Tuesdays and Thursdays and from 11am to 4pm on Saturdays, which is a big advantage for patients who are working.

Chelsea and Westminster provides a friendly, confidential and free world-class sexual health and HIV service, in three separate centres, of which we can be extremely proud. The ambience is welcoming and the waiting areas, particularly at 56 Dean Street, are like those of a five-star hotel, so different from those of many sexual health clinics a few years ago.

I was extremely impressed by the enthusiasm of the staff I met and I was surprised to learn that stigma is still a big issue 30 years after the start of the HIV pandemic.

I am extremely grateful to Jane Bruton, Clinical Nurse Lead for HIV, for taking me on a four-and-a-half-hour Grand Tour of all our sexual health and HIV clinics.

### Susan Maxwell (Patient Governor)

I was planned that my first Governor/Senior Nurse Round would start with sitting in on an Infection Control Committee (ICC). I was fascinated and most impressed at just how thoroughly the ICC examines the different data each month.

As a patient here, I found it most reassuring that these meetings go into finite detail on every ongoing aspect of infection control.

The Infection Control Team contribute greatly to the Patient Environmental Action Team (PEAT) auditing results. It doesn’t surprise me at all that the Chelsea and Westminster Hospital has attained triple excellence status for the second year running.

The meticulous and accurate collection of data was, in most cases, down to an auditing tool called Synbios.

After the Infection Control meeting, Anthony Pritchard (who was Acting Chief Nurse at the time) offered me the chance to see a demonstration of the way information on the Trustwide handwashing audits could be viewed and accessed, right down to an individual’s performances.

From a patient’s point of view, this sort of ‘immediate’ data retrieval is most reassuring as it has the added bonus of being an excellently accurate Care Quality Commission evidence and management system.

Kathryn and I then went to speak to patients on Annie Zurz Ward.

Patient Governor Wendié McWatters wrote glowingly of this ward in the April edition of Trust News, so I can only reiterate that it truly lives up to the high reputation it has earned for excellence.

This is mainly down to the leadership of Sister Mary Knight and her loyal team of ward staff.

They all strive to give the highest possible service to the patients in their care. I found the atmosphere of the ward to be serene.

I spoke to some of the ward staff and they stated how much they liked working there. This has a lot to do with Mary Knight’s leadership qualities.

She leads by example.

The patients we spoke to all expressed satisfaction with the level of cleanliness, patient dignity and with the level of information about their treatment.

They felt easily empowered to ask their consultant questions about upcoming procedures and their ongoing treatment.

There were varying comments on the quality of the catering, but for the most part patients felt that overall it wasn’t bad.

There were just two instances of patients being disturbed by night noise, mainly from emergency patients being admitted, and it was pointed out that eye masks and earplugs were available on each ward.

It was agreed that in future, patients would be made aware of this facility on admission.

It will certainly be mentioned in the forthcoming new information booklet for incoming patients.

All in all, I think these Lead Nurse/Governor ward rounds are an interesting factor in improving the patient experience.

It is hoped to continue them on a regular basis.

### Photo gallery

Joya Ward, who works in the Neonatal Intensive Care Unit, is presented with a Quilt by Prof Derek Bell (Director of the National Institute of Health Research CLAHRC Northwest London (Nail) and Director of Research and Development) and Nurse Robertson (Lead Director of the NAIL Health Innovation and Education Cluster).

Joya entered the prize draw in the ‘Research and Innovation Zone at the Hospital Open Day in May.

Quilts mark the memory of people who have died from HIV.

Four quilts made in loving memory of people who had some connection with Soho were displayed at 56 Dean Street, our HIV and sexual health centre.

The quilts are beautifully made with lots of love, thought and time by families and friends.
Chelsea and Westminster is a centre for teaching and research—delivering excellence in teaching and research is one of our four corporate objectives.

We are a main teaching centre for medical students from Imperial College London, as well as junior doctors from all over the UK, and we provide placements for student nurses from King’s College London and London South Bank University.

Last year the hospital hosted more than 200 research projects and recruited more than 4,000 patients into clinical studies and we have a key role in organisations that drive research and innovation throughout North West London.

In this month’s Trust News we focus on recent developments in teaching and research including exciting new research into HIV, an initiative to help disadvantaged youngsters explore a career in medicine, and the making of a series of short films to get patient views on their care at Chelsea and Westminster.

### Innovation and education to improve patient care

As a centre for teaching and research, we host the North West London Health Innovation and Education Cluster (HIEC) which promotes innovation and education to improve patient care and services in the NHS—the HIEC currently focuses on areas including cancer and cardiovascular care pathways.

The HIEC is a collaboration of 20 NHS organisations, universities, charities and industry partners whose operational board is chaired by Chelsea and Westminster Chief Executive, Heather Lawrence.

‘Innovating together for London: the HIEC initiative one year on’ was a pan-London event which took place on 23 June at King’s College London and attracted more than 200 professionals—the event was co-hosted by the North West London HIEC and its counterparts for other areas of London.

Speakers included Heather Lawrence, Ruth Carnall (Chief Executive, NHS London) and Ian Winter (Deputy Regional Director of Health and Social Care, Department of Health).

The event also featured sessions on diabetes, telemedicine and the challenges of collaboration.

### Leading the way in HIV research

Stephen’s AIDS Trust, a charity based in the St Stephen’s Centre at Chelsea and Westminster which celebrated its 21st birthday in June, has developed into a major HIV research funder and global HIV educational organisation.

Our HIV research unit is an approved sponsor of trials in HIV infections and more than 40 peer-review research articles and papers were published last year regarding all aspects of HIV care.

SEDK, a privately owned biopharmaceutical company, announced encouraging results from a clinical trial of its HIV vaccine in July—the trial was carried out in six centres in the UK including Chelsea and Westminster.

The initial results of the clinical trial of the vaccine demonstrated a significant difference in the viral count among people living with HIV who were given a single vaccine injection, compared with a so-called placebo group who did not receive it.

Dr Marta Boffito, HIV Consultant at Chelsea and Westminster and principal investigator in the trial, said: “HIV has long reached pandemic status and, despite growing numbers of patients on anti-retroviral medication, we are in desperate need of a vaccine.”

“This vaccine definitely warrants further investigation.”

### Medical work experience programme encourages doctors of the future

The MedEx project is a week long non-residential course for potential medical students designed to give them an insight into medicine and some hands-on experience to aid their applications to medical school.

The project, which is run by Dr Sue Smith from the Faculty of Medicine and Dr Annalisa Alexander from the Outreach Office at Imperial College, aims to inspire and empower young people to achieve their potential.

The outcome is that students gain a greater perspective and insight into studying medicine with a view to aiding their applications to medical school.

MedEx specifically targets disadvantaged children from the local area who otherwise may not be able to consider a career in medicine and who have no contacts within the medical profession.

The timetable features lectures from academics and groups working on different case studies, presenting findings to a panel of experts at the end of the week.

Imperial College medical students act as mentors throughout the week guiding the young people around the College and local hospitals and telling them more about life at Imperial. They also give advice about the medical career structure and tips on applying for medical school.

Dr Beryl De Souza (Registrar in Plastic Surgery) has been involved in the original project since 2008 and currently works with Imperial College Medical School and Charlotte Mackenzie Crooks, the Trust’s Volunteer Services and Work Experience Manager, to provide an opportunity for final-year schoolchildren to spend time in the Plastic Surgery department to experience hospital medicine.

The students are able to see the multi-disciplinary aspect of the department by visiting the Hand Therapy department, the Plastic Surgery dressing clinic and Theatres. If appropriate and subject to patient consent, they are also able to speak to patients and to sit in on their consultations or surgeries.

Dr De Souza says: “This is a fantastic programme that all those involved very much hope will continue.

“The students are very grateful for the experience and it’s a great example of how the Trust and Imperial College can give something back to our local community. Our department, in conjunction with theatres and outpatients, all contribute towards the clinical experience given to these students.”

“Our patients are also very accommodating and allow the students to sit in on consultations and surgical procedures.”

### Short films to get patient views on care

We host the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Northwest London.

The CLAHRC aims to embed research findings into clinical practice as quickly as possible, with a clear focus on funding projects to improve quality.

Hospital staff who run CLAHRC-funded projects to improve care are currently producing short films using hand-held digital cameras to get the perspectives of patients and staff on their work.

The films will be used to help communicate the problems and obstacles faced by patients when they use services.

The projects cover areas including heart failure, chronic obstructive pulmonary disease (COPD) and stroke.
About us

Chelsea and Westminster Hospital NHS Foundation Trust aims to be a hospital of choice for patients and an employer of choice for staff.

Our vision is to deliver safe and sustainable care of the highest quality and to be the provider of choice for our local population and those using our specialist services, provided in a modern way by multi-disciplinary teams working in an excellent environment, supported by state-of-the-art technology and world class academic research.

Quality
The Care Quality Commission rates us as either ‘Green’ (better than expected) or ‘Neutral’ (similar to expected) for all risk ratings relating to essential standards of care.

Safety
We are ranked as one of only two NHS hospitals nationally with a significantly lower than expected mortality rate after surgery by the Dr Foster Hospital Guide—an independent healthcare survey.

Care
Our care is rated ‘Excellent’, ‘Very good’ or ‘Good’ by 89% of patients in the Care Quality Commission’s annual inpatient survey.

Cleanliness
We are rated ‘Excellent’ for hospital hygiene by the National Patient Safety Agency’s Patient Environment Action Team (PEAT) assessment which is carried out by assessors including patients.

Technology
Our use of the latest technology supports our care for patients—for example, our use of an electronic venous thromboembolism (VTE) risk assessment tool means that more than 90% of adult patients admitted to Chelsea and Westminster Hospital since October 2010 have been risk assessed for blood clots and pulmonary embolisms, and treated appropriately.

10 key facts in 2010/11

93% of women who had their baby at Chelsea and Westminster rated their care as ‘Excellent’, ‘Very Good’ or ‘Good’
—Care Quality Commission national survey of women’s experiences of maternity services

95% of children and young people aged 8-17 and 95% of parents of children aged 0-7 rated their care as ‘Excellent’, ‘Very Good’ or ‘Good’
—Care Quality Commission national survey of children treated as inpatients

99% of patients rated their care at Chelsea and Westminster as ‘Excellent’, ‘Very Good’ or ‘Good’
—Care Quality Commission national inpatient survey

3,150 patients were treated at Chelsea and Westminster in 2010/11, a 52,000 increase in the last two years
—Trust statistics

There were 5,738 deliveries in our Maternity Unit in 2010/11, an increase of 430 deliveries in the last two years
—Maternity Unit statistics

More than 108,000 patients were treated in A&E and the Urgent Care Centre which opened in October 2010
—Trust statistics

We had only 6 MRSA cases in 2010/11, compared with 10 cases in 2009/10
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More than 98% of A&E patients were treated within four hours
—Department of Health national target

6,623 people living with HIV are cared for by Chelsea and Westminster, an increase of 1,140 patients in the last two years
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Our standards of hospital hygiene, privacy and dignity, and food are ‘Excellent’
—National Patient Safety Agency assessment

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“My job is an opportunity for me to do what I love—caring for children”
—Esther Adams
Healthcare Assistant
Children’s Outpatients

“I work to make my patients’ experience friendly and non-judgemental—we are hard to shock!”
—Laia Cavaley
Senior Staff Nurse
John Hunter Clinic
for Sexual Health

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10 key facts in 2010/11

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2010/11 was a challenging year for the Trust but a successful one. The economic downturn and the need for the NHS in North West London to reduce its costs by £1 billion over the next three years meant that we had to make 10% cost savings in 2010/11.

I would like to thank Trust Chief Executive Heather Lawrence OBE and the rest of the Executive team, as well as all staff, for achieving these cost savings to ensure that we retain the financial stability that has underpinned our success while at the same time investing in a major redevelopment of the hospital.

Financially things are no easier this year as the Trust Board has agreed a further 9% cost savings but I am confident that all staff will rise to this challenge.

As a clinician, I am delighted that we gained significant independent recognition of the quality and safety of our services this year.

The Dr Foster Hospital Guide singled us out as one of only two NHS trusts nationally with significantly lower than expected mortality rates after surgery.

We were one of only six NHS trusts to be shortlisted for the CHKS patient safety award, a national award based on factors including infection and survival rates.

As an academic, I am pleased with the progress we made this year as a centre for teaching and research and as the hub for two regional research and innovation organisations.

The National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Northwest London aims to embed research findings into clinical practice as quickly as possible.

The North West London Health Innovation and Education Cluster (HIEC) supports the quick uptake of innovative technologies and services, currently focusing on cancer and cardiovascular care pathways, education and innovation.

Our patient, public and staff Foundation Trust members—and their elected representatives on the Council of Governors—continue to play an important role in the life of the hospital.

They supported the Trust’s successful campaign for the removal of the Western Extension of the Congestion Charge Zone and they also attended our Annual Members’ Meeting and hospital Open Day in record numbers.

These annual events demonstrate the commitment of our patients, local community and staff to Chelsea and Westminster Hospital and we are grateful for your continuing support.

This promises to be another exciting year at Chelsea and Westminster.

We look forward to the completion of the redevelopment of the hospital with state-of-the-art facilities for children, people living with HIV and other patients due to open in early 2012.

I am confident that this investment in the future of Chelsea and Westminster will help maintain and develop further our reputation as an excellent hospital.

Professor Sir Christopher Edwards
Chairman

Chief Executive’s view

I would like to thank all staff, including our contractors, for their commitment, hard work and expertise which ensured that 2010/11 was a year of achievement for the Trust.

Our focus this year was on improving the quality of care for our patients and investing in a major redevelopment of the hospital to improve our services while at the same time delivering significant efficiency savings.

We treated a record number of patients this year and met all major national performance targets, including treating 95% of outpatients and 90% of inpatients within 18 weeks, despite one of the busiest winters on record.

We met targets to minimise MRSA bacteraemia and Clostridium difficile infections while our hygiene standards are rated ‘Excellent’ by the National Patient Safety Agency.

Although 89% of patients taking part in the latest national inpatient survey rated their treatment at Chelsea and Westminster as ‘Excellent’, ‘Very good’ or ‘Good’, we want to ensure that all patients have ‘Excellent’ care and therefore improving the patient experience is a key objective in 2011/12.

We have taken a strategic, planned approach to maintaining financial stability which has enabled us to continue investing in our future.

The Trust is currently in the middle of a major redevelopment of the Chelsea and Westminster Hospital site. For example, our new, modern Outpatients Department was described as an example for other hospitals to follow by Health Secretary Andrew Lansley when he came to open it officially in June and we look forward to the opening of new facilities for children and people living with HIV in early 2012.

The innovative approach of our staff is demonstrated by the success of 56 Dean Street, our HIV and sexual health centre in Soho, and by our community mobile health clinic which takes services to patients.

We are also providing an increasing number of services in the community as we position ourselves as a healthcare organisation that is willing and able to take our services to patients where and when they want them.

For example, our community gynaecology service in Westminster provides consultant-led care in a community setting—the service is provided by female staff for female patients.

Its popularity is demonstrated by the fact that more than 800 women were treated by the Westminster Community Gynaecology Service in its first year of operation—94% of women rated their care as ‘Excellent’ or ‘Good’.

Earlier this year the Government held a ‘listening event’ with patients when Deputy Prime Minister Nick Clegg visited the hospital in April and a similar event with staff when Prime Minister David Cameron came to Chelsea and Westminster in May.

The next year will undoubtedly be a challenging one but I am looking forward to working with colleagues on the Board of Directors and staff at Chelsea and Westminster to continue improving the experience of our patients.

Heather Lawrence OBE
Chief Executive

Open Day 2011—Your hospital, your health, your say

More than 1,000 people attended our annual hospital Open Day in May 2011 and their verdict on the event was overwhelmingly positive.

Many visitors to the Open Day used our Patient Experience Tracker devices to give their feedback on the event—99% rated it as ‘Excellent’ or ‘Good’ while 94% said that hospital staff were friendly and approachable.

Visitors were able to enjoy a wide range of attractions including a mini Health MOT, a careers event for students interested in working in healthcare, a Teddy Bear Hospital for younger visitors, live music, behind-the-scenes tours of hospital departments, and stalls and stands with health information and advice.

The Open Day was supported by Chelsea and Westminster Hospital NHS Foundation Trust Council of Governors which includes elected representatives of patients, members of the public and hospital staff. The Governors signed up 75 people as new Foundation Trust members during the Open Day.
A Year in the Life of Chelsea and Westminster

2010/11—A Year in Review April–September 2010

April 2010

Major hospital redevelopment gets underway

The first major redevelopment of Chelsea and Westminster Hospital since it opened in 1993 started to improve services for patients and secure our future as a specialist hospital with a wide range of local services.

The redevelopment includes a two-storey extension to the main hospital building and some internal works and will help to achieve the Trust’s vision of providing world class children’s services while also developing HIV services.

The project also includes:

- New state-of-the-art operating theatres for children who need surgery
- Expanded High Dependency Unit for the sickest children
- Streamlined and improved children’s services on a single floor of the hospital
- A new ward for inpatient and outpatient HIV and related cancer care

May 2010

BBC presenter opens new assisted conception facilities

BBC presenter Sophie Raworth opened the revamped Assisted Conception Unit (ACU) during our annual hospital Open Day.

Sophie said that she was lucky enough not to require fertility treatment but she knew through the experiences of many of her friends how difficult it could be and how much difference the work of staff like those at Chelsea and Westminster can make.

She said: “I will be forever grateful to Chelsea and Westminster for the wonderful care I was given when I had my three children here.

“It has been an honour to come back to open the Assisted Conception Unit and I hope you give many more people the chance to get the greatest gift of all—a beautiful baby!”

June 2010

Results demonstrate HIV testing success

A research study published by doctors from Chelsea and Westminster Hospital demonstrated that offering HIV tests to patients in the A&E Department was accepted by both patients and staff and was also successful in detecting new cases of HIV.

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

It was carried out over a three-month period and showed that of more than 2,100 patients who had an HIV test, four new HIV diagnoses were made and all four patients were transferred to care.

July 2010

‘Lady in the Mask’ backs hospital charity Burns Appeal

7/7 survivor Davinia Turrell broke a five-year silence to help support the Chelsea and Westminster Health Charity’s Burns Appeal.

Davinia, who was treated in the hospital’s Burns Unit for injuries she sustained in the 7/7 bombing at Edgware Road Station in 2005, hadn’t previously spoken about her ordeal. She agreed to lend her support to the Burns Appeal which aimed to raise £100,000 to fund a Clinical Psychologist post for inpatients on the Burns Unit.

In an interview with the Evening Standard newspaper, Davinia spoke about the “wonderful” care she received at Chelsea and Westminster and why she chose to support the fundraising appeal.

Davinia said: “I am wholly committed to raising funds for the Psychological Support Project as I know that burns can have many lasting psycho-social effects on people, no matter what the size and location of their injuries and scars. I am very honoured and excited that the Chelsea and Westminster Health Charity has asked me to help with this appeal.”

The appeal reached its target and Clinical Psychologist Dr Sally Norwood is now in post.

August 2010

Work starts on outpatient development

A major redevelopment of the Lower Ground Floor of Chelsea and Westminster Hospital was started to create a new modern environment for many outpatient services.

Work started to redevelop a large area of the Lower Ground Floor to accommodate new outpatient services which opened to patients in their new location in January and April 2011.

The vision of the Trust was to create a new Lower Ground Floor Outpatients Department to provide an ‘airport style’ quality of service to patients including self check-in facilities, light and airy waiting areas, and ‘gates’ that patients are called to before their appointment so they are in the right place at the right time for their treatment.

A patient survey was carried out to ensure that the new Outpatients Department was designed to meet patients’ needs.

We asked our patients what they wanted from the new department and then included within the design many of the facilities they asked for including self-check-in kiosks, a coffee shop and baby changing.

Dedicated treatment rooms for more minor surgical procedures were also incorporated in the plans to prevent patients being admitted to hospital unnecessarily.

The treatment rooms also make possible ‘one-stop clinics’ so that patients can have all the tests they need during a single hospital visit.

September 2010

School celebrates official opening—and HRH Prince Michael of Kent visits the Burns Unit

The Chelsea Community Hospital School (CCHS) celebrated the official opening of its new premises. The school moved into the new location on the 1st Floor of the hospital as part of the major redevelopment of the hospital. It has two classrooms (primary and secondary) and is one of the first purpose-built hospital schools in the country. It is also one of only 20 hospital schools in the country.

The school’s Principal Janette Steel said: “Imagine if you can, having multiple admissions to hospital each year, being admitted for six months to an inpatient unit, or being in isolation for long periods—difficult at any age but for children and young people this loss of their everyday life of family, school and friends can have a long-term impact.

“We provide an enriched science and arts curriculum 50 weeks a year—patients in isolation have access to the internet and web cameras, enabling them to link up with the hospital classrooms, their home school and their families.”

HRH Prince Michael of Kent visited the Burns Unit at Chelsea and Westminster Hospital to meet children who have been cared for on the Unit, as well as staff, and to see how £90,000 donated to the Unit by the Mark Master Masons through the Children’s Burns Trust has been used to buy specialist equipment such as a new bath and audiovisual equipment used for general distraction and during physiotherapy. Prince Michael is Patron of the Children’s Burns Trust and Grand Master of the Mark Master Masons.

The Children’s Burns Trust has been used for general distraction and during physiotherapy. Prince Michael is Patron of the Children’s Burns Trust and Grand Master of the Mark Master Masons.
To achieve this ranking, the Trust had to demonstrate how family-friendly working practices are embedded into the culture of the organisation.

Sarah Jackson, Chief Executive of work-life balance charity Working Families who organised the awards, said: “Winning an award requires a huge amount of dedication, forward thinking and creativity to find solutions that really make a difference to the working lives of parents, carers and their families.”

“Huge congratulations to Chelsea and Westminster Hospital for being recognised as a ‘top employer for working families’.”

It was the second major national award to recognise Chelsea and Westminster as an employer of choice for staff.

We also won the ‘Most effective benefits strategy’ category of the HR Excellence Awards 2010.

Trust named top NHS employer for working families

Chelsea and Westminster was ranked as the best NHS employer for working families, and among the top 10 employers for working families in the UK, the Top Employers for Working Families Awards 2010.

January 2011

Maternity services rated among best in London

Women who have their babies at Chelsea and Westminster rated our maternity care among the best in London in the Care Quality Commission’s survey of women’s experiences of maternity services.

Only four hospitals in London were rated better than the national average—and we were one of them.

All women who gave birth in England in February 2010 were invited to take part in the survey—61% of women who gave birth at Chelsea and Westminster Hospital rated their care as ‘Excellent’, the third best rating in London.

Our performance had improved markedly since the last survey in 2007 with our results on 16 of the 53 questions significantly better. 95% of women rated their experience of maternity services at Chelsea and Westminster as ‘Excellent’, ‘Very good’ or ‘Good’.

February 2011

Quality Awards winners announced

The first winners of the Trust’s new quarterly awards scheme to recognise the contribution that individuals or teams of staff make to improving the quality of patient care were announced.

The Council of Governors Quality Awards are supported by our Foundation Trust Governors who are elected by patients, members of the public and staff.

Winners included:

1. Macmillan Centre counselling service—launched in 2009 with Kensington and Chelsea Cruse to provide emotional support for cancer patients and their carers

2. Venous thromboembolism (VTE) risk assessment development team—launched in June 2010 to identify patients at risk of VTE (blood clots and pulmonary embolisms) when they are admitted to hospital so that they can be offered appropriate care to reduce their risk of developing VTE in hospital or when they go home

3. West London Centre for Sexual Health—when patients were asked how services at the Trust’s West London Centre for Sexual Health could be improved, the overwhelming answer was better opening hours and so staff shifts were rearranged to provide more evening and weekend services and as a result there were increased patient numbers, reduced DNA rates, and more positive patient feedback

4. Sarah Hamilton (Liaison Health Visitor, Children’s A&E)―Sarah has made an enormous contribution in many different ways including improving the safeguarding system, particularly around domestic violence and mental health issues, developing processes after child deaths, and improving information for parents and children

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

The unique and innovative service provided at 56 Dean Street encourages the Chinese community, some of whom may have recently arrived in the UK and who may not speak English, to take up Hepatitis B screening, vaccination and treatment. It aims to reduce undiagnosed Hepatitis B infection and transmission.

Since the service opened, it has been fully booked. Approximately 95% of patients do not speak English and so staff work alongside interpreters. Advice is also provided on immigration, social services and other general health issues such registering with a GP.

March 2011

Intensive Care Unit achieves Customer Service Excellence standard

Staff on the Intensive Care Unit successfully applied for a Customer Service Excellence standard.

Jane-Marie Hamill, Clinical Nurse Lead on the unit where staff look after the most seriously ill patients in the hospital, said: "This award recognises the compassion, dedication and hard work that all staff show every day to ensure that patients and their relatives are getting the best care. I am personally extremely proud to be part of a unit where the patient comes first.”

The five criteria against which the Intensive Care Unit was tested during a two-day visit by an assessor included customer insight, culture of the organisation, information and access, delivery and timeliness, and quality of service.

The assessor identified strengths of the Intensive Care Unit including a holistic approach to patient care, the determination, professionalism and loyalty of staff who are proud of their work and clearly put patients and their relatives first, and the running of focus groups that enable ex-patients and relatives to talk about their experiences on the unit because these focus groups have helped to identify many improvements.
Strategy 2010/11

Our strategic approach 2010/11

The Trust’s strategic vision in 2010/11 was as follows:

“To provide high quality patient-centred care for our local population and those using our specialist services, delivered by a modern workforce in a range of settings along integrated pathways of care.”

Strategic developments 2010/11

Key developments in support of the Trust’s strategic vision during 2010/11 included:

- A £9.5 million project to overhaul the hospital’s infrastructure was started to transform the way in which electricity, heating and cooling is supplied to the hospital—the project will help reduce the Trust’s carbon footprint and make us self-sufficient in terms of the power needed to keep services running smoothly.
- We continued to expand our community services by, for example, winning a competitive tendering process to provide community dermatology services in Kensington and Chelsea.
- Our Urgent Care Centre opened to adults in October 2010 and to children in April 2011—it is run by the Trust in partnership with local GPs to treat those patients who come to A&E with less serious or urgent injuries and illnesses, providing a faster assessment process and GP-led care so that patients receive the right care in the right place.
- A £40 million redevelopment to improve the patient environment for children and people living with HIV in particular—the Netherton Grove extension is a two-story extension to the 1st and 2nd Floors of the hospital which will help the Trust to achieve its vision of providing world class children’s services following our designation as the lead centre for specialist paediatric and neonatal surgery in North West London, while also developing HIV services.
- A new Outpatients Department on the Lower Ground Floor of the hospital opened to diabetes patients in January 2011 and to general surgery, pain and urology patients in April 2011.

Performance 2010/11

Performance against corporate objectives 2010/11

Corporate Objective 1: Improve patient safety and clinical effectiveness

Patient safety
- The Trust was shortlisted for the CHKS patient safety award 2011, a national award for providing a safe hospital environment for patients which is based on criteria including infection and mortality rates.
- From October 2010 we met a national target to assess 90% of inpatients for their risk of venous thromboembolism (VTE)—only 26 out of 159 acute hospitals nationally achieved this target.
- We achieved our target of reducing the incidence of falls resulting in moderate or major harm by at least 25%.
- We met the Foundation Trust regulator Monitor’s target of no more than six MRSA cases during the year.

Clinical effectiveness
- The Trust was named as one of only two hospitals nationally with significantly lower than expected mortality rates after surgery in the Dr Foster Hospital Guide 2010.
- We achieved targets for emergency surgery based on National Confidential Enquiry into Patient Outcome & Death (NCEPOD) recommendations.
- We reduced the Trust’s Hospital Standardised Mortality Ratio (HSMR) by more than 5%.
- The average number of days that patients had a catheter (excluding patients who require a lifelong urinary catheter) was reduced from 10 days when an audit was carried out in 2009 to 7.8 days when an audit was carried out in 2010/11.

Corporate Objective 2: Improve the patient experience

- 89% of patients in the latest NHS Inpatient Survey rated their care at Chelsea and Westminster as ‘Excellent’, ‘Very good’ or ‘Good’.
- 95% of women in the latest national survey of maternity services said their care at Chelsea and Westminster was ‘Excellent’, ‘Very good’ or ‘Good’.
- 95% of children and young people aged 8–17 and 94% of parents of children aged 0–7 who took part in the latest national survey of children’s inpatient services rated their care at Chelsea and Westminster as ‘Excellent’, ‘Very good’ or ‘Good’.
- We reduced the number of complaints relating to appointments and admissions by 30%.
- 75% of staff completing the latest national NHS staff survey said they had an appraisal in the previous 12 months and 69% of staff said they had a Personal Development Plan.
- We achieved our target of a Trust vacancy rate of less than 10% (the vacancy rate was 9.7% at the end of 2010/11), and we achieved our target of an average monthly sickness rate of 3.6% or less (the average monthly sickness rate for 2010/11 was 3.44%).

Corporate Objective 3: Deliver excellence in teaching and research

- The Research Strategy was approved by the Trust Board and is now being implemented through the Research Strategy Board which is chaired by the Trust Chairman.
- Professor Masao Takata, Deputy Head of the Department of Anaesthesiology, Pain Medicine and Intensive Care at Imperial College London, was appointed as Magill Chair of Anaesthesiology.
- The North West London Health Innovation and Education Cluster (HIEC) was officially launched and key performance indicators (KPIs) agreed with NHS London for 2011/12.
- The National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Northwest London led a successful bid for a three-year Improvement Science Fellowship from The Health Foundation.
- Two new education fellows were appointed to facilitate medical teaching and to improve students’ overall rating of their teaching.

Corporate Objective 4: Ensure financial and environmental sustainability

- We achieved the financial plan for 2010/11 by delivering cost savings of £22.6 million and achieving a surplus of £13.8 million.
- We improved our performance on environmental sustainability by:
  - Installing automatic meter reading for gas and electricity usage.
  - Increasing recycling rates to 40% of all waste.
Our Future Plans

Corporate objectives 2011/12

Corporate Objective 1: Improve patient safety and clinical effectiveness

Patient safety
• Have no hospital acquired preventable venous thromboembolism (VTE)

Clinical effectiveness
• Improve the quality of emergency surgery for patients by reducing the waiting time for surgery by 10%; reducing the time patients are nil by mouth, and providing better information for patients and relatives

Corporate Objective 2: Improve the patient experience

• Establish campaign groups for each of the three key areas identified below to work with patients and Foundation Trust Governors to agree targets to measure progress:
  • Communication: Ensure that patients receive accurate information (verbal and written) about their diagnosis and treatment/care plan in a way they understand and which helps to make them feel secure
  • Discharge: Explore the possibility of patients having a discharge interview with a senior member of staff before they leave home and a follow-up phone call the following day, and explore different models of care to reduce readmission rates
  • Care of older people: Introduce an individual daily ‘wellbeing round’

Corporate Objective 3: Deliver excellence in teaching and research

Develop and agree improvement in students’ overall rating of their teaching and learning experience

Corporate Objective 3: Deliver excellence in teaching and research

Develop synergies between the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Northwest London, North West London Higher Education and Innovation Cluster (NWIIC) and the Royal Free London Foundation Trust’s Centre for Innovation, Productivity and Prevention (QIPP) agenda

Corporate Objective 4: Ensure financial and environment sustainability

• Deliver a financial risk rating of no less than 3 (where 0 is ‘high risk’ and 5 is ‘low risk’) in each of the next three years and deliver the financial plan in each year

• Improve environmental sustainability by:
  • Initiating a formal environmental management system and ensuring that all environmental legislative activities are complied with
  • Developing a procurement statement that includes consideration of sustainability in the evaluation of products and services purchased by the Trust

Quality improvement priorities 2011/12

The Trust Board of Directors has agreed the following priorities for quality improvement:

1. Patient safety: To have no hospital acquired preventable venous thromboembolism (VTE)

Why is this a priority?
Approximately half of all VTEs (blood clots and pulmonary embolisms) occur in patients who have had a recent stay in hospital. VTE is one of the most common preventable causes of hospital deaths. It is estimated that in England each year more than 25,000 people die from preventable VTE contracted in hospital.

About one third of patients will develop VTE despite the best care but we can help prevent VTE occurring in two thirds of patients by providing appropriate preventative treatment.

What actions are we planning to improve our performance?
In addition to the initiatives already in place, we will set up a system to identify patients who have been diagnosed with VTE during a hospital admission or within three months of admission to identify patients who did not receive appropriate preventative treatment. For these patients, we will undertake a root cause analysis to identify areas in which we can make improvements.

We will provide guidance for nurses and doctors on compression stockings to ensure that patients wear them correctly and have adequate monitoring.

2. Patient experience: To focus our patient experience strategy on three key areas—communication, discharge, and the care of older people

Why is this a priority?
Our patients and stakeholders have highlighted these three key areas as being of greatest concern:

• Communication: It is clear from the national inpatient survey that at times we do not communicate with patients effectively and do not provide enough information, which can result in increased anxiety and stress

• Discharge: A theme within the national inpatient survey is dissatisfaction with the discharge processes within the hospital—this is supported by feedback from our Foundation Trust Governors and Kensington and Chelsea Local Involvement Network (LINK)

• Care of older people: The Health Service Ombudsman report “Care and Compassion” (2010) looked at the distressing problems that older people in hospital often face—the national inpatient survey results and our complaints have highlighted that there is more the Trust can do to improve the experience for our older patients and ensure that their dignity is maintained at all times

What are our objectives in 2011/12?

• Communication: Our objectives are for patients to receive accurate information (verbal and written) about their diagnosis and treatment/care plan in a way they understand and which helps to make them feel secure

• Discharge: We will be exploring the possibility of patients receiving a discharge interview before they go home from a senior member of staff and a follow-up phone call the following day, and we will also explore different models of care to reduce readmission rates

• Care of older people: An individual daily ‘wellbeing round’ will be undertaken by senior nursing staff, which will include every patient over 75-years-old—in addition, patients with dementia will be identified and assessed at the point of admission and a dementia pathway implemented

What actions are we planning to improve our performance?
We will minimise the length of time that patients are nil by mouth (not allowed to eat or drink) while waiting for surgery.

What actions are we planning to improve our performance?
We will ensure that a consultant gives approval for a patient to be scheduled for emergency surgery

3. Clinical effectiveness/patient experience: To improve the quality of emergency surgery for patients by reducing the waiting time for surgery by 10%, reducing the time patients are nil by mouth, and providing better information for patients and relatives

Why is this a priority?
Senior surgeons have previously expressed concern about delays for some patients needing urgent surgery. Last year we achieved our targets but we know from complaints and feedback that there are still concerns from patients and relatives about delays which affect the time patients have to wait without food and drink, and also a lack of information.

Our surgeons also believe that we can reduce waiting times further so this year we want to look at the average waiting time for an operation with a view to decreasing this by at least 10%, as well as other aspects of the patient experience.

What actions are we planning to improve our performance?
We will increase the availability of emergency/trauma operating theatre time at weekends by instituting an extra emergency list on Saturday afternoons

We will reduce waiting times for adult patients in main theatres requiring emergency surgery by using the new Netherton Grove private theatre suite (due to open early 2012) for children requiring emergency surgery during normal working hours

We will improve communication and information to patients and relatives about emergency surgery, in particular when there are delays

4. Patient experience/workforce: To remain in the top 20% of acute trusts nationally for staff engagement and to be in the top 20% for staff appraisals, as measured by the national staff survey

Why is this a priority?
A growing body of evidence has shown a clear correlation between a satisfied workforce and high quality patient care. The staff engagement score in the national staff survey includes the following:

• Staff feeling able to contribute towards improvements at work

• The extent to which staff feel motivated and engaged with their work

• Willingness of staff to recommend the Trust as a place to work and/or receive treatment

• Communication between senior management and staff

The appraisal indicator score in the national staff survey includes the following:

• % of staff who receive an appraisal (we aim to increase our appraisal rate from 75% to 84%)

• % of staff who have a well-structured appraisal (we aim to increase the percentage of staff appraised with a structured appraisal from 39% to 41%)

• % of staff appraised with personal development plans (we aim to increase the percentage of staff appraised with personal development plans from 68% to 72%)

What actions are we planning to improve our performance?

• Continue to develop face-to-face communication with the Chief Executive and senior management team eg staff forums

• Introduce a Directors’ Den competition to encourage staff to contribute innovation ideas to improve patient care

• Introduce a new standardised approach to improve the quality and quantity of appraisals and personal development plans

Grant Mallon (Gastrostomy Nurse Specialist) with a young patient
Key to photographs on the front cover of the Annual Review

1. Deputy Prime Minister Nick Clegg chats to a patient on the Stroke Unit

2. Sister Ida Bafende with a patient in Children’s Outpatients

3. Prime Minister David Cameron walks through the new Lower Ground Floor Outpatients Department with Charmaine Robinson (Senior Staff Nurse) and Heather Lawrence (Chief Executive)

4. Dr Michael Rayment and Dr Patrick Roberts are among staff who have helped to pioneer routine HIV testing in our A&E Department

5. Staff with the mobile health clinic at Westfield Shopping Centre

6. Patient Harry Monroe with Consultant Physician and Geriatrician Dr Iñaki Bovill

7. Singer, model and actor Sophie Ellis-Bextor with baby Ceris and mum Hayley Froud at the launch of the Children’s Sunshine Appeal for Chelsea and Westminster Hospital
A multi-million pound project is transforming the way in which electricity, heating and cooling is supplied to the hospital.

The £9.5 million project to overhaul the hospital’s infrastructure will help reduce our carbon footprint, make us self-sufficient in terms of the power needed to keep services running smoothly, reduce the risk of services being disrupted, and save money.

Ensuring the financial and environmental sustainability of the Trust is one of our four corporate objectives.

The infrastructure project includes installing two new standby generators to supplement the existing generators, new 11,000 volt electrical switchgear, two Combined Heat and Power Units to provide electrical power and heating, and improved cooling systems.

In this month’s Trust News we take a look behind the scenes at some of the heavy duty equipment—usually hidden from public view on the roof or in the basement of the hospital—that will help make us more fuel efficient.

Infrastructure project set to make hospital more fuel efficient

As part of the Trust’s commitment to our sustainable future we have installed two Combined Heat & Power (CHP) Units which will produce enough electricity to meet more than two thirds of the hospital’s demand, potentially saving up to £1 million a year—money that can be used elsewhere to improve patient care.

The new CHP Units also provide much-needed extra cooling for Theatres and other areas through large coolers on the roof of the hospital.

Heavy lifting gear was required to lift the new generator sets and associated equipment into the basement plant room.

We plan later in the works to install a new boiler to take advantage of free hot water for handwashing etc.

The new switch room is crammed with the very latest in switchgear to ensure safe and highly efficient distribution of electricity.

The generators are so large that a new purpose-built plant room had to be built to house the new units in the basement of the hospital.

More than a kilometre of new cabling systems and containment has been installed to support the new highly efficient items of plant.

Hundreds of metres of pipework is required to carry much-needed heating and cooling services around the hospital.

A new switch room has been constructed to capture and distribute electricity from the new CHP Units.

The new switch room has been constructed to capture and distribute electricity from the new CHP Units.
** Providing care and comfort **

David Erskine Ward has introduced new comfort rounds for patients every two hours. The rounds are conducted by ward staff who visit every patient and ask them if they’d like something to drink, or if they’d like to be repositioned or use the bathroom.

Lesley-Anne Marke (Ward Sister) said the initiative was started in response to a Care Quality Commission report which revealed that three out of 12 hospitals in England were failing to meet the dignity and nutrition needs of older patients.

Lesley-Anne said: “Many of our patients can be confused or very frail and they either have difficulty or are hesitant telling a member of staff that they need something, so we’ve introduced comfort rounds to provide patients with an opportunity to ask for anything they need, without having to attract the attention of a member of staff.

“By being more proactive and asking them if they’d like a drink, or go to the bathroom, or if they’re in any pain, we’re more able to make their stay in hospital more comfortable.

“We’ve already noticed a reduction in the amount of patients having to be placed on a drip because they’re better-hydrated and also an improvement in the continence of patients.”

The feedback received from the patients in the local area, training around 20 local people—many of whom have only basic medical training—was positive and has had a positive impact on the performance of the ward.

The new initiative has had a positive impact on the performance of the ward and we are continuing to work to restrict certain activities, such as interviews and meetings, during mealtimes, except during an emergency.

“The feedback received from the patients has confirmed the need to continue the rounds as they play a significant part in the way we deliver patient care.”

** Staff preparing for life-changing trip **

A team of midwives and doctors are preparing to travel to Gimbi in Western Ethiopia in December to provide emergency obstetric training to local health practitioners.

The team will work with three hospitals in the local area, training around 20 local people—many of whom have only basic medical training.

This is the second time a group of Chelsea and Westminster staff have travelled to Gimbi, where 1 in 21 women die during pregnancy and childbirth. It’s part of an ongoing project, which will see a team of staff make the trip twice a year.

They will be teaching basic skills in emergency obstetric care including how to stop bleeding, resuscitation techniques and skills to manage difficult deliveries such as when a baby is in a breech position.

Mr Marwood continued: “In this country it is uncommon to see women with fulminating eclampsia or a ruptured uterus because, obstetric teams regularly participate in mandatory training which enable them to recognise the early signs and start treatment.

“It will be a unique experience for everyone and we’re all getting very excited.”

The team chosen were selected following written applications, which were assessed by a committee who made the final decision.

Support the team travelling to Gimbi by making a donation at www.justgiving.com/chelseacampaign
The exercise involved hospital staff, actors who played the part of casualties and a missing child.

The Birthing Unit—suitable for women with uncomplicated pregnancies who are expecting a normal delivery—includes private rooms which have been designed to give women and their partners a low-tech, serene atmosphere.

The rooms include double beds, subtle lighting and beanbags, plus access to a birthing pool and other equipment such as birthing balls and stools to help women find a comfortable position during labour and delivery.

Shereen Jones (Labour Ward Matron) said: “The Birthing Unit is perfect for women who like the idea of a homebirth, but want the security of having extra medical support nearby if it’s needed.

“We aim to make labour and birth as normal and special for women as possible, so the new facility allows us to provide a sanctuary within a busy hospital environment.

“Women will have the freedom to choose whatever position they find the most comfortable for the birth and this also includes a birthing pool which is located within the Unit.”

The Birthing Unit is suitable for low-risk women who have had an uncomplicated pregnancy and want to give birth naturally without the use of an epidural. In the unlikely event that more support is needed during birth, women can be transferred to the nearby labour ward.

Chelsea and Westminster Hospital

Two of the women who have been trained recently named the Birthing Unit as an example of ‘best practice’ rating by NHS London.

Every London NHS Trust is required to have a range of plans which outline their readiness to manage different emergency situations and submit them to NHS London for assessment.

Catherine Sands (Acting Emergency Planning Lead Officer) said the Trust had recently undertaken a number of training exercises which would further enhance our ability to respond to a range of different situations, such as if the hospital had to be evacuated or ‘locked down’.

Catherine said: “We tested the hospital’s Evacuation Plan in June by carrying out a mock evacuation of one of the wards.

“The exercise involved hospital staff, actors who played the part of casualties and patients, as well as emergency services including police, fire and ambulance.

“We learnt a lot from the test and identified a couple of areas that needed improvement, including the need for some specialist equipment which would help staff to safely move patients in the event that a ward needed to be evacuated.

“We also tested our preparedness to ‘lockdown’ the hospital in March, which involves making the building fully secure with strictly controlled access, in the event of a major incident or in the case of a missing child.

“The Lockdown Plan has been named an example of ‘best practice’ rating by NHS London.

Catherine said: “Hospital staff would obviously play a key role in the event that a major incident was declared, so we have distributed distinctive green boxes to every area of the hospital—80 in total—which contain everything staff would need.

“The box contains copies of the Major Incident Plan, a tabard which would be worn by the emergency staff lead in each area so that they are clearly identifiable and easy to use ‘action cards’ which provide a step-by-step guide to the actions staff would need to carry out.”

As well as being able to respond to emergency situations, the Trust is also working to ensure we are prepared for events such as flu pandemics and planning has already started for the winter months.

Since May 2009, 760 staff have been fit mask trained and we will have a full-time mask fitter in the Trust during August—email Catherine Sands if you think you need a mask fitter.

It took the work of a crane and required a section of the side of the hospital building to be removed, but the Trust’s second MRI (Magnetic Resonance Imaging) scanner was successfully installed in June and is now fully operational.

The scanner, which weighs around 5,900kg—equivalent to four small family hatchbacks or an adult elephant—and is worth almost £740,000, is already making a difference for patients.

Alan Kaye (Radiology Services Manager) said: “Having a second scanner means we are able to provide patients a more reliable service. We now have a back up in the event that one of the scanners can’t be used.

“We’re a very busy department which sees anywhere between 35 and 55 patients a day, plus we also provide a service for other Trusts, but in the near future we’re expecting to see these reduced even further.”

The project to buy a new scanner has been a major initiative involving many different departments within the hospital. While it was driven by medical and technical staff, there was extremely valuable input from Procurement, Finance, IT and Project Management departments.

Alan continued: “It was really important to choose the right type of scanner for our needs. The department is open Monday to Friday from 8am to 8pm, so it was vital that we chose one that was versatile, practical and could cope with a huge workload.

“It’s very similar to our original scanner, which meant that our staff were familiar with it and reduced the amount of time required to train them to use it, as well as reducing any clinical risk associated with using new or unfamiliar equipment.

“We also knew that it would be able to interface with our PACS (Picture Archiving and Communications System) programme that enables the scans to be stored electronically and viewed on any computer screen in the hospital.”

Did you know?

• Magnetic Resonance Imaging is a scanning technique which uses a magnetic field, radio waves and a powerful computer to produce highly detailed images of inside the body

• The scanner is incredibly sensitive for imaging soft tissue structures such as brain, spinal cord, joint tissue and internal organs

• MRI is very safe—it doesn’t use x-rays or any ionising radiation and doesn’t have any known side effects

• The field strength of the scanner is 1.5 Tesla compared to the Earth’s field strength of 0.00005 Tesla

• The flooring under the scanner is reinforced to be able to cope with the weight
Quality Awards winners announced

Congratulations to the winners of the latest round of the Trust’s quarterly awards scheme to recognise the contributions that individuals or teams of staff make to improving the quality of patient care and the patient experience.

The Council of Governors Quality Awards are supported by our Foundation Trust Governors who are elected by patients, members of the public and staff.

Thanks to their support, team winners receive £250 and individual winners receive £100.

Team winners
1. SWiSH team (John Hunter Clinic)
A team of senior nurses and health advisors—led by Kate Cook, Lee Watson and Lala Caveley—have developed and implemented SWiSH, a sexual health outreach service for sex workers run in partnership with the Terrence Higgins Trust.

It is a weekly nurse-led service in Earls Court that reaches out to sex workers who are at increased risk of sexually transmitted infections and HIV and who may not access mainstream sexual health or primary care services.

During its first year, the service saw 228 patients and diagnosed new cases of both HIV and sexually transmitted infections including herpes, syphilis and chlamydia.

It successfully targeted a hard-to-reach group of people and tackled the problem of undiagnosed infections which affect both those individuals and other people with whom they have sexual contact.

2. Communications Department
The Communications Department—Matt Aikin, Renae McBride and George Vasilopoulos—ran a staff flu vaccination internal communications campaign to address the challenge of increasing a low rate of staff vaccination.

This low rate of vaccination was a cause for concern in December 2010 when there was an increase in flu cases in London, some caused by the swine flu virus.

The Communications team worked closely with the Occupational Health Department which ran most vaccination clinics, senior nurses who vaccinated staff in wards and departments, the Emergency Planning Lead and other staff to communicate the benefits of flu vaccination to staff and to increase the number of staff vaccinated.

During the campaign—which included posters featuring clinical leaders such as the Medical Director and the Director of Infection Prevention and Control advocating vaccination—the number of staff vaccinated against flu increased from 270 in mid-December 2010 to 1,855 in late February 2011.

Individual winner
1. Sarah Masterson (Tissue Viability Nurse)
Sarah was nominated for her role in leading an initiative to reduce pressure ulcer incidence across the Trust.

Sarah’s work included providing education for ward staff about wound assessment and reporting, establishing ownership of the challenge of reducing the number of patients with pressure ulcers among matrons and ward managers, and helping to establish a Pressure Ulcer Action Group to take issues forward.

Thanks to this initiative, pressure ulcer incidence in the Trust was almost halved from 1.3% in July 2010 to 0.5% in March 2011.

Sarah is now developing a ‘care bundle’ for pressure ulcers and working with colleagues to produce a library of photos of patient positioning techniques for use in staff education and on the wards.

How to enter the Quality Awards
The Quality Awards are held quarterly—the deadline for nominations and entries for the next round of awards is Friday 16 September.

Both self-nominations and nominations of colleagues by other members of staff are welcomed.

Staff should look out for further information on the Daily Noticeboard email bulletin.

How to nominate a member of staff or a team
1. Download the award submission form from the Intranet.
2. Complete the form either electronically or in hard copy.
3. Email forms completed electronically to cathy.mooney@chelseawest.nhs.uk. Forms completed in hard copy can be sent by internal mail to Cathy Mooney, Director of Governance and Corporate Affairs, Venrey House.

Communication action plan
The Trust was shortlisted for ‘Most effective use of internal communications’ in the HR Excellence Awards 2011 and our communication between senior management and staff was rated in the top 20% of hospitals in the 2010 national Staff Survey.

We are committed to further improving communication between senior management and staff and so we invited staff to complete our annual Staff Communication Survey.

Thank you to more than 200 staff who completed the survey because your views will help us to improve Trust News and the rest of our internal communication. Survey results and an action plan will be published in October’s Trust News.

Congratulations to Jenny Parr (Dermatology Services Manager) who was the lucky winner of our prize draw for a £50 M&S voucher—all staff who completed the Staff Communication Survey were entered into the draw.

This year’s Staff Survey will be sent to staff in early October—see the Daily Noticeboard email bulletin for more information nearer the time.

Staff Survey—update

There is a clear link between staff satisfaction and the quality of care provided to patients which is why the results of the national Staff Survey are so important.

The Care Quality Commission (CQC) published the results of the 2010 survey earlier this year.

64% of Chelsea and Westminster staff completed the survey which put us in the top 10 best response rates of all acute hospital trusts nationally.

Overall the results were encouraging, with the vast majority of staff happy to recommend the hospital to their friends and family as a place to work and/or be treated, but there are areas for improvement.

The Trust Board has thererfore agreed a Staff Survey action plan with six key themes to be monitored over the next year:

- Handwashing: to ensure that all staff have handwashing materials available and understand the importance of handwashing
- Health and Safety Training: To ensure that all staff have mandatory health and safety training including manual handling, fire, and health and safety
- Appraisals: To ensure that all staff have a well-structured appraisal and Personal Development Plan (PDP) every 12 months and to hold all managers accountable for delivery of appraisals and PDPs
- Flexible Working: To review areas with low rates of flexible working, and to ensure that all staff know what flexible working options are available to them
- Equality & Diversity/Discrimination: To reduce the percentage of staff experiencing discrimination, bullying, harassment or abuse from patients, relatives and staff
- Communication: To continue improving communication between senior management and staff

Communication Department

SWiSH team with Melynn Jeremiah (Public Governor—centre) and Cathy Mooney (Director of Governance—right)

Communications Department with Dr Mike Anderson (Medical Director—centre) and Sarah Masterson (Tissue Viability Nurse—left)

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Employee/Team of the Month

Sponsored and funded by Chelsea and Westminster Health Charity

May

Congratulations to Dawn Grant (Lead Nurse for Support Worker Development) who was the winner of May’s Employee of the Month.

Dawn was nominated by colleagues including Sally Newland (HR Recruitment Administrator) who said: “Dawn goes the extra mile. If a candidate is unsuccessful at interview she will not only give them feedback but also offer coaching in interview techniques and writing job applications.”

The Overseas Office were the winners of May’s Team of the Month. An American tourist whose son was admitted to the hospital for treatment said: “My son received exceptional care from all staff who looked after him. The Overseas Office were so helpful to me because I was unsure of how to contact my insurance company in the US and how we could pay for my son’s care.”

June

Congratulations to Jerome Jones (EPR Training Co-ordinator) who won June’s Employee of the Month.

A number of staff nominated Jerome including Meena Martin (Information Governance Manager) who said: “Jerome is very helpful and supportive. It is a pleasure to work with him and our department is very lucky to have him.”

The Security team were the winners of June’s Team of the Month, nominated by all staff on David Eskrine Ward who said: “Over the past few months we have had to use the services of the Security team on an almost daily basis to help us manage some very challenging patients. They do this sensitively, compassionately, with dignity and in a very professional manner. A huge thank you.”

National HIV Nurses Association Conference

Four Chelsea and Westminster staff were invited to present at the 13th Annual National HIV Nurses Association Conference held in Liverpool during June.

Jane Bruton (Clinical Nurse Lead for HIV/GUM), Dr Michael Rayment (Specialist Registrar, HIV/GUM), Sue Ogden (Nurse Colposcopist) and Kevin McPeake (Staff Nurse) presented at the conference which attracted nearly 200 delegates.

The Annual Conference focused on a variety of important topics that highlighted some difficult issues in the management of HIV and encouraged some lively discussions and debate. There were presentations about the latest research, education and clinical practice initiatives in HIV.

The presentations are available on the NHIVNA website www.nhivna.org at Conferences and Events ► Previous Events ► 2011 ► 13th Annual Conference of NHIVNA
West London Centre for Sexual Health staff make their movie debut!

The storyline of Choices 2 revolves around the lives of young people from all walks of life and shows that no matter what your background, the lifestyle choices you are faced with are fundamentally the same. The film also highlights how the use of drugs and alcohol can affect these decisions.

Choices 2 was a collaboration between Latimer Creative Media and Hammersmith and Fulham Primary Care Trust with full involvement from staff at the West London Centre for Sexual Health who took part in the film in a professional capacity to ensure that it was clinically accurate.

The film will be used in sex and relationship education in schools in Hammersmith and Fulham.

**Adult Learners Week**

Thank you to everyone who undertook learning activities during Adult Learners Week.

Congratulations to the three lucky winners of the Amazon Kindle e-readers:

- Graham Kree (Validations Officer), who successfully completed the Learn Online crossword
- Simon Paragreen (Health Adviser), who completed five Academy 10 e-modules and found the hidden phrase "Learning never exhausts the mind"
- Mayce Alyousif (Dispensary Pharmacist), who successfully completed her Safeguarding Children mandatory training through Learn Online—576 e-learning modules were completed during May and every member of staff who completed a module successfully was entered into the prize draw.

E-learning is a quick and effective way for staff to improve their knowledge and update skills and it’s available 24/7. Any mandatory e-learning completed is also automatically updated on personal learning records.

**Puzzle corner**

Every month Trust News has a range of puzzles created by Clinical Site Manager Chris Morrow-Frost

**Anagrammer**

In this puzzle you will be given two clues, the answers to which are an anagram of each other. Can you get all five pairs? One has been answered for you.

<table>
<thead>
<tr>
<th>Highest point/cooking bowl (3)</th>
<th>Sword edge/capable of unimpaired function (5)</th>
<th>To catch/a piece (4)</th>
<th>Divine product/personal log (5)</th>
<th>Intelligent/code using 0 and 1 (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOP</td>
<td>POT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Half an A-Level (2)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Snake (3)</td>
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<tr>
<td>History (4)</td>
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<tr>
<td>A leather tie (5)</td>
<td></td>
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<tr>
<td>A Christian minister (6)</td>
<td></td>
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<tr>
<td>Colourful Tropical Birds (7)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>A place to park a plane or more (8)</td>
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</tbody>
</table>

**Stacker**

Answer each clue. The answer to each clue uses the letters of the last clue plus an additional one letter. The first answer has been given for you.

<table>
<thead>
<tr>
<th>TOP</th>
<th>POT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
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</tbody>
</table>

**Searching the body**

Within the wordsearch below are hidden 15 things you can find on or in the body. How many can you find?

```
R R S I R L
D I L E Y E I
E N C A G A P
S I H A I R H
O H T U O M A
N C E L L R N
Y E N D I K D
```

July’s solution

```
H A V E
F K E R
O N
A
```

Look for the solutions in the October issue of Trust News.