Magical time for maternity

The birth of HRH Prince George of Cambridge has brought much excitement to the UK and created a buzz in our maternity services. We have had much to celebrate in maternity as well...

Chelsea and Westminster Maternity Unit fully accredited by UNICEF

On Thursday 4 July UNICEF UK Director of Programmes Teresa Bergin presented the Chelsea and Westminster Hospital maternity department with a plaque for achieving full Baby Friendly status.

Chelsea and Westminster Hospital is only the fourth Trust in London to achieve full Baby Friendly status from UNICEF and the Kensington Wing is the first private maternity service in London to receive full accreditation.

Vivien Bell, Head of Maternity, said: “We are very proud to have achieved full baby-friendly status from UNICEF. It is a prestigious award and a great achievement for our teams to be recognised.”

The Baby Friendly Initiative is a worldwide programme of the World Health Organization and UNICEF. The initiative works with maternity units to ensure the best start for mothers and babies, by giving evidence-based information on feeding choices, helping initiate successful breastfeeding and supporting mothers who choose not to breastfeed. The assessment and accreditation process recognises hospitals that have achieved the required standard.

Vivien continues: “We support mothers and their new-born babies to help give them the best start in life and establish a strong relationship. We help to build bonds through early skin-to-skin contact and breastfeeding support. We have dedicated specialist infant feeding midwives who work with mothers until they are confident breastfeeding their babies.

“Equally we will support mothers who decide not to breastfeed to ensure they establish the same bond and relationship in those first hours and days.”

Chelsea and Westminster Hospital consultant part of royal birth medical team

We are delighted that our specialist high-risk obstetrician Guy Thorpe-Beeston was part of the medical team that helped deliver the Prince of Cambridge.

Mr Thorpe-Beeston has more than 25 years’ experience as an obstetrician and his primary NHS practice is at Chelsea and Westminster Hospital.

His particular fields of interest include fetal ultrasound scanning, prenatal diagnosis and multiple pregnancy. He also carries out private practice on the Kensington Wing, based at the main hospital site.

Chelsea and Westminster parents were part of the Royal birth excitement

There were 18 babies born on the same day as the Royal birth—14 girls and 4 boys, including three sets of twins! The nearest times to the Royal birth, which was at 4:24pm, were 2:04pm and 6:15pm.

Some parents whose children were born on the same day as HRH Prince George of Cambridge were interviewed by NBC America, Euronews and the Kensington & Chelsea Chronicle, to celebrate the Royal birth.

Our Values: ‘It’s who we are’

Our values—as voted for by more than 900 patients and staff during the ‘Who do you think WE are?’ consultation last year—define what patients should expect when they are cared for at Chelsea and Westminster and how all staff can help to meet those expectations.

You will see that many articles in this month’s Trust News are badged to show their link to the values which are:
Hand hygiene watch

Each month Infection Control Link Professionals (staff who are responsible for infection control in their areas of the Trust) conduct audits to track hand hygiene compliance.

Hand hygiene compliance, Feb 2012–Jun 2013

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<thead>
<tr>
<th>Month</th>
<th>Compliance %</th>
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<tr>
<td>Feb 2011/12</td>
<td>85%</td>
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<tr>
<td>Apr 2011/12</td>
<td>88%</td>
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<td>Jun 2011/12</td>
<td>90%</td>
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<td>Aug 2011/12</td>
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<td>Jun 2012/13</td>
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Hand hygiene compliance target: 90% compliance or greater.
Night in the life... Miranda Sykes  
Student Midwife

For this issue of Trust News we thought we would turn our "Day in the life" feature on its head and follow a night in the life of one of our student midwives, Miranda Sykes...

It feels strange getting onto the bus with my fellow commuters when it is 7pm and I am going to work, but they are returning. I am working a night shift this evening on the postnatal ward.

I find my mentor Annie and together we take handover from the day staff. The postnatal ward is split into four bays, with six women in each, and there are four side rooms too. Annie and I are looking after Bay B this evening, which at the beginning of the shift has three women in it, but by the morning, will be full!

Working at night is very different to working a day shift. There is less hustle and bustle as there are far fewer family members around and all the women are desperate for sleep.

As a student, I work closely alongside Annie to deliver care to the women and their babies throughout the night, keeping an eye on top of the women’s gains, well being and performing the necessary post-delivery checks. If there was any cause for concern during delivery, some of the babies may need two-hourly observations done too.

One of the most common concerns for many women while on the postnatal ward is establishing breastfeeding. At night it tends to be even harder—mums are shattered after giving birth and the hormones that make us emotional run higher at night.

I spend much of the first part of my shift with Kate who has had twins—a little boy and girl. The girl is feeding well but the little boy is not so adept at latching onto Kate.

As they are small, regular feeding is even more important and the constant feeding is beginning to get to Kate and she is getting upset and starting to lose her confidence. We eventually find a position which seems to help the little boy to latch on properly and he has had two 15 minute feeds which is a huge success.

Annie takes a call from the coordinator on labour ward—there is a woman who has just arrived who looks like she is in established labour (the stage where we get excited and know that things are really starting to happen). As I am the only student on shift across the entire unit tonight, she asks Annie if I would like to go and assist the midwife looking after the woman and hopefully deliver her baby.

I head over to the birthing unit, where women who have had uncomplicated pregnancies wish to deliver. The unit is less medicalised than a labour ward and offers more of a home from home feel, complete with a birthing pool too. When I get there, the midwife I am now working with introduces me to Hayley and her partner Tom.

Hayley wants to try the birthing pool to see if it will relieve some of the pain. I start running the water and in the meantime help to rub the base of Hayley’s spine to ease the pain while she leans on Tom.

The water reaches the correct temperature and I help Hayley in. I listen to the baby’s heart rate with a stethoscope and feel her abdomen, which allows me to hear the baby’s heartbeat externally every fifteen minutes and everything sounds perfect.

Hayley’s waters break in the water and she immediately has an urge to push. Hayley doesn’t want to deliver her baby in the water, so we help her out and she kneels on the floor leaning against the mattress. We check that Hayley is indeed ready to push, make sure the baby’s heartbeat is still regular, and a few minutes and a few pushes later a little baby boy enters the world.

Hayley sits back on her heels and I pass the little boy straight into Hayley’s waiting arms. Thankfully we have everything that we need already to hand, no midwife risks being caught short when a woman has had several babies before—they can come notoriously quickly! Tom cuts the cord and then we go about making sure that mum and baby are OK and offer everyone tea and toast after their tough few hours.

After I have settled all of the necessary paperwork with the midwife, I return to find Annie on the postnatal ward. Since I left, we have three more women—all new mums require lots of attention and support whist they transition into a parent for the first time.

At 6am everything starts to wake up again. We start the drugs rounds, the cleaners move in, the hospitality staff bring everyone tea and toast after their day staff, I have helped look after seven women, one man and delivered my 27th baby, all in 12 hours!

Andrew Parish
Hairdresser

Why did you choose to work at Chelsea and Westminster?
I have volunteered at other hospitals and with other charities who all speak highly of this hospital so when the opportunity arose to run the salon and work with the Friends of the Chelsea and Westminster Hospital, I knew I had to go for it.

Which work colleague has inspired you the most?
No one single person, but all the patients, staff and volunteers at the hospital inspire me on a daily basis and make my job enjoyable and very worthwhile.

What do you most enjoy about your work?
Meeting different people everyday for either a haircut or just chat in the salon and seeing them leave looking and feeling better.

Where did you go on your last holiday?
North Wales.

How do you relax?
Cycling, walking and being out in the countryside and having a break from city life.

Andrew Parish
Hairdresser
Shaping a healthier future update

Plans to centralise Accident and Emergency services in north west London are being reviewed by an independent panel of clinical experts to advise the Secretary of State for Health whether the proposed plans will help provide the best emergency care possible for the populations in this part of London.

In February 2013, the Shaping a healthier future plans which were approved by commissioners were referred to the Secretary of State for Health who will now determine whether they will receive Government backing. He has asked the Independent Reconfiguration Panel (IRP) to advise him on the response he should make.

The IRP was established in 2003 to provide advice to the Secretary of State for Health on contested proposals for health service change in England.

The panel is made up of a range of clinical experts from different specialties and geographical areas who review evidence relating to consultations, visit hospital sites and interview chief executives and clinical teams before they make a judgement on whether any proposed healthcare changes are in the clinical interests of patients.

The IRP is currently reviewing the Shaping a healthier future proposals and will submit advice to the Secretary of State this September.

As part of this, the IRP visited Chelsea and Westminster’s A&E and maternity departments in July.

Also interviewed as part of the assessment were Chief Executive Tony Bell and Dr Mike Anderson, consultant gastroenterologist and one of the medical directors for Shaping a healthier future.

Tony Bell said: “We took a group from the IRP around our A&E and maternity departments to give them a real sense of the opportunities and challenges our doctors, nurses and midwives face in providing excellent care and experience to patients.”

“We also talked through our plans to expand the Emergency Department so that we can treat a growing number of patients in state of the art facilities that meet the unique needs of A&E.”

“

“I’d like to thank all of the staff that were involved in the visit who showcased their services most effectively to our visitors—the IRP members were impressed with the calibre and commitment of the staff they met on the day.”

The IRP’s next step will be meeting with members of the public and stakeholders in the geographical areas mostly affected by the change before feeding back to the Secretary of State in September.

Council of Governors election results

Five people were elected to join Chelsea and Westminster’s Council of Governors in July following a competitive election process.

These representatives are now on board to help drive the direction and priorities of Chelsea and Westminster, all for the benefit of patients accessing our hospital services.

Our new governors, some of whom were re-elected, span public, patient and staff constituencies. Over 450 members voted in the elections and the results were:

- Public: Hammersmith and Fulham Area 1
  Samantha Culhane

- Patient Governor
  Chris Birch
  Dr Charles Steel

- Public: Kensington and Chelsea Area 2
  Captain Edward Coolen

- Staff: Management
  Dominic Clarke

Professor Brian Gazzard, Director of HIV/GUM Clinical Research and Education and Lead Governor, said: “The Council of Governors is a really important vehicle to make sure that any decisions about services we provide at the hospital reflect the feelings of key stakeholders and meet the needs of all our patients.

“We are pleased that a higher number of individuals put themselves forward to become governors as this provides members of Chelsea and Westminster with more choice about whom they want to represent their constituency.

“Speaking on behalf of other members of the Council, we very much look forward to working with these new members of the team to make sure that the hospital continues to provide excellent quality and care to our local populations.”

West Middlesex Hospital discussions continue

Chelsea and Westminster’s Board of Directors have approved proceeding to the next stage of reviewing a potential partnership with West Middlesex University Hospital, following a decision-making process at the end of June.

This means that, while the initial review was a high level process suggesting there may be benefits for patients, these benefits need to be explored and defined more fully. A further decision about whether to formalise plans for a partnership can be made later this year.

Apart from patient benefits, other aspects that will be looked at in more detail during this next phase include how the new organisation could be structured and the financial modelling to make sure that any new organisation is sustainable over the medium and longer term.

David Radbourne, Chief Operating Officer, said: “We’ve already had discussions with those who deliver our clinical services to see whether this potential partnership could provide people using either or both hospital sites with better access to services, patient experience and quality of care. This will now be explored in much more detail thanks to the Board’s initial decision.”

The focus for the work programme over the next few months will be to work these plans up in much more detail so the Board can make a fully informed decision about whether to move to the next stage of the process. The next stage would be to develop a business case that will define the rationale for proceeding with the partnership and the costs associated with doing so.

The decision on developing a business case is expected to be made during the autumn.
Assisted Conception Unit successes

The Assisted Conception Unit (ACU) is a state-of-the-art, purpose-built facility that offers a full range of treatments including IVF and sperm retrieval.

The unit has a proactive blastocyst transfer programme and offers vitrification of eggs and embryos, with more than 3,000 babies born to date. It offers treatment to both NHS and privately funded patients.

Various teams from the ACU have enjoyed national and international success over the last few months with recognition at numerous meetings and conferences.

- The Embryology team had presentations accepted at both the national Fertility Meeting last January and the international European Society of Human Reproduction and Embryology meeting in July.
- Their presentations were on subjects relating to embryo development—
  - The Embryology team had presentations accepted at both the national Fertility Meeting last January and the international European Society of Human Reproduction and Embryology meeting in July.
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Promoting careers and work experience in the NHS

On Wednesday 19 June Maddy Than, Volunteers and Work Experience Manager, was invited to the St. James’s Catholic School’s bi-annual convention by Head Tutor Mr Stephen Frayne.

St. James’s Catholic School has 1,100 students from age 11–18. The school is proud to present that 99% of their Year 11 students achieved at least 5 passes at GCSE at the higher grades A* to C.

Maddy said: “I felt very privileged to have been invited to the new bi-annual school convention as an ambassador for the Trust in the capacity of providing information regarding careers in the health service and drawing on my own personal knowledge and experience.”

Around 200 current students were in attendance with their parents.

Maddy explained: “My stall consisted of our Trust News (past and current issues), information about enabling work experience in the NHS, a guide to applying to medical school, and the INSPIRE programme that was piloted in August 2012 and will be run as a full programme from this October.

“Examples of excerpts of the career talks from our open day last May were also discussed and provided as information points regarding work experience within our Trust.

“I discussed my experiences of working within the NHS to many students and their parents looking for guidance on a future within the NHS, as a doctor, nurse or physiotherapist.”

“My key message to all students was to work hard in the subjects they are studying in order to achieve their goals with any future career.

“During my discussions, I signposted students towards community educational contacts in Kensington and Chelsea that are able to offer advice and guidance in respect of careers in the health service and other essential information around funding/bursaries.”

They were joined by other past students who have benefited from an education at St. James’ and now hold key posts within the community such as police officers, army personnel and Royal Navy personnel.

The past students who attended also presented examples from the careers that they now hold and gave encouragement and advice to the current students.

Maddy concluded: “One of the highlights of my visit was having the pleasure to meet a mum who named her daughter Chelsea, after Chelsea and Westminster Hospital, where she gave birth to her daughter.

“She highlighted what excellent treatment she and her daughter received while at the Trust.”

MediCinema is coming!

Chelsea and Westminster Health Charity has partnered with MediCinema to bring the magic of the movies to patients and their families at Chelsea and Westminster.

Recognising the importance of getting patients off wards and reunited with their loved ones to enjoy a few hours of pleasure together, the charities have launched a joint fundraising appeal which will see the installation of a state of the art 46-seat, 7-wheelchair, 4-bed capacity cinema at the Hospital.

Asíde from regularly screening the best new releases, the cinema will also be used as a vital teaching space and centre for Chelsea and Westminster Health Charity’s music dance and theatre projects.

We want this to be a wonderful Christmas present for everyone at the hospital—to do this we need to raise £350,000.

To find out more about the project and how you can help, please visit www.cwhc.org.uk, contact Kerry Huntington on 020 3315 6619 or kerry.huntington@chelwest.nhs.uk. Alternatively, you can donate directly at www.justgiving.com/cwhc-medicinema.
Research into child health at Chelsea and Westminster

Dr John Fell is Lead Paediatric Gastroenterologist at Chelsea and Westminster Hospital and Honorary Senior Lecturer at Imperial College, London.

He runs the regional paediatric Inflammatory Bowel Disease (IBD) working group for North West London, with a transition clinic to the adult service at Chelsea and Westminster.

He has published widely in the field of paediatric gastroenterology and co-authored the British Society of Paediatric Gastroenterology Hepatology and Nutrition guidelines for the management of paediatric IBD.

His interest in research began when he was employed as a Research Fellow at St Barts and the Royal London, where he undertook his first research into nutritional therapy in children with IBD, and continues to be an active researcher in this field as well as local lead for the Medicines for Children Research Network portfolio at Chelsea and Westminster.

Why is research into child health important?

Child health research is a particularly challenging yet rewarding area of research. Many of the conditions that affect later life such as obesity and diabetes can to an extent be traced back to early events, some of which should or could be influenced by early interventions.

Furthermore many chronic illnesses, such as Crohn’s disease and colitis, can present in childhood but then will need to be managed throughout that individual’s life, potentially with the risk of long-term complications from the disease and/or therapy.

What are the challenges of doing research into children’s health?

Research in children has to be conducted within a carefully formed ethical and age appropriate framework.

This most definitely does not mean that research should not be carried out in children. For example, if drug trials are not conducted in young patients we will not know whether new therapies are effective, and more specifically what the appropriate drug dose is for smaller and younger patients.

What is the future of child health research at Chelsea and Westminster?

Paediatrics and paediatric surgery are growing clinical areas at Chelsea and Westminster, which offer a great opportunity for expansion of our research activity.

This is being greatly facilitated by research nurse resources which are funded by our local clinical research network.

The result of this is that approaches from industry can now be met with a more positive response since the infrastructure to conduct a clinical study is already in place.

Developing the general academic profile is a more long-term proposition, but the basic links are already in place with a strong neonatal academic presence on this site and close relationships with academic units within Imperial College.

Mandatory training made easy for non-clinical staff

The 2012 Director’s Den initiative to fund innovative ideas at Chelsea and Westminster has supported the production of a film to cover the mandatory training for non-clinical staff.

Staff working in administration or management and healthcare scientists can watch a 30 minute film and answer a short quiz on line instead of attending an Admin & Clerical (A&C) update day.

The DVD aims to provide a more engaging method for staff to learn about fire training, moving and handling, safeguarding adults, infection control, and health and safety. Staff may also spot locations and the occasional non-professional “extra” in the DVD!

The film covers all topics except Information Governance, which has to be completed separately each year. Staff in children’s, neonatal and maternity services and A&E will also need to complete Child Protection Level 2.

To view the film staff must log on to Learn online and select the course from the list shown and then play and enjoy.

If you have forgotten your login or password, send an email to learnonline@chelwest.nhs.uk to have it reset.

This film is part of a broader programme to get everyone up-to-date with all their mandatory training.

If you have any concerns or queries, please email Kim Churchman (Mandatory Training Manager) at kim.churchman@chelwest.nhs.uk.

Trainee doctor is a Health Education England winner

Trainee doctor Dr James Houston was one of the winners of the Health Education England’s Better Training Better Care Inspire Innovation Initiative for trainee-led improvement projects.

Health Education England (HEE) has funded nine projects led by trainee doctors to help improve their education and training, and as a result, patient care. From apps and educational sessions, to databases and mentoring, the nine winning projects either have a local focus that can be adopted across the country, or impact on the role of the trainee at a national level.

James was part of a team with Will Barker, Ed Mew and James Houston, who developed the Doctors Advancing Patient Safety (DAPS) Toolbox, providing doctors with a hospital specific, online directory of need-to-know information.

Electronic Document Management goes live

The Electronic Document Management (EDM) system—Evolve—successfully went live on 23 July in the Urology outpatient clinics. Scanning of patient records is well underway and EDM will be rolled out next in dermatology, plastics and general surgery. Some of the main benefits of the Evolve system include the following:

• Access to patient casenotes can be made from any Trust computer.
• Multiple users can access patient casenotes at the same time.
• Automated processes (eg referral prioritisation).
• Barcoded stationery for all casenotes.
• Electronic forms to replace many paper forms.
• Multiple users can access patient casenotes.

To his/her hospital number on Lastword, outpatient reception screen and on clinic lists. This means that staff will no longer be able to use paper casenotes and must view notes using the Evolve system.

Before using Evolve staff must complete EDM training to ensure that they are able to view patients’ full casenotes as, once scanned, hard copies will no longer be available. Staff can access training from Trust computers by clicking the “IMAT Computer Based Training” link on the intranet. Once training has been completed, you must fill in the online registration form so you can be allocated the correct level of access for your role.

For more information please email EDMProject@chelwest.nhs.uk. This is an exciting step towards becoming a paper-light organisation and EDM will help to provide a safer, high quality and cost-effective service for patients.
Directors’ Den encourages staff to be innovative and suggest ways in which they can improve their own services—the winning entries are given funding to turn their ideas into reality.

A total of 31 applications were received for the second round of our staff initiative Directors’ Den, based on the TV series Dragons’ Den.

The winners, who will all receive funding to turn their idea into reality, are:

**Assessment and delivery of training for staff around end of life care**

*Dr Sarah Cox*
Consultant in Palliative Care

The Directors’ Den funding will be used to assess the current quality of end of life care and establish a training programme for staff.

It is anticipated that this will include improving staff confidence and competence as well as communication skills.

The training would be designed to allow all staff dealing with dying adult patients the opportunity to learn about end of life care and communication around it.

Targeted training would be designed for those staff and teams who care for dying patients more often.

**Values based website videos**

*George Vasilopoulos*
Web Communications and Graphic Design Manager

*Alison Heeralall*
Deputy Director of HR

*Averil Lynch*
Recruitment Manager

The Trust website is a perfect platform to communicate with patients, the public and GPs.

On average, the hospital website has 80,000 visitors each month. The current videos on our website about the hospital and our services are dated.

The money from Directors’ Den will be used to update the main Trust film, create new videos about specific services and one film about working here, plus filming main events that take place at the Trust.

This will help to improve patient experience by communicating information about the hospital to patients in a friendly, interesting way and help to attract and recruit staff who will demonstrate our Trust values.

**MedEbot**

*Mr Shane Duffy*
Consultant Obstetrician and Gynaecologist

The MedEbot system is a tablet computer used by the team leader, who coordinates the emergency team, together with a large monitor that shows how the team is performing and also alerts for action when required.

The MedEbot not only provides a digital checklist for teams that prompts teams on the next step to ensure competence, it also helps to improve communication, situational awareness and team working.

The formation of the MedEbot is a result of many years of monitoring and evaluation of teams in emergency settings. The use of the MedEbot in maternity has improved the knowledge and practice of the emergency team.

The MedEbot incorporates the latest scientific and technological advances and the funding will be used to develop the prototype and expand the IT software and hardware to allow roll-out to other departments in the Trust.

**Ponseti Clubfoot Administrative Tool and Database (CAD)**

*Denise Watson*
Paediatric Orthopaedic Physiotherapist and Ponseti Team Lead

The Chelsea and Westminster Ponseti Clinic is the largest clubfoot clinic in the South of England and therefore provides a data source for developing standards of practice.

The Directors’ Den funding will allow the team to develop the administrative tool and database which can map clinical pathways and create an IT package, which allows continued monitoring and assessment of clinical practice that can be used at many healthcare centres nationally and internationally.

The tool will allow clinicians to easily capture and record data, which allows for audits and governance of practice.

It will also mean less paperwork which in turn leads to more effective workflow and financial savings.

Ultimately it will ensure that patients are receiving the best standards of care and parents will be able to see that their child is progressing and seeing improvements.

**Young People’s Executive**

*Vanessa Sloane*
Directorate Nurse, Paediatrics

The funding will be used to create a ‘Young People’s Executive’ made up of patients and their siblings aged 8–18 years old.

The group will be made up of approximately 20 members run by a play specialist and will support decision-making within the Trust.

They will be asked to assist with policies and discussions about pathway changes and developments in paediatrics.

It is a model of patient involvement which has been successful in other Trusts.

The model will enable staff to initiate change based on patient feedback and also give young people a forum where they can learn to work together.
The latest survey of Chelsea and Westminster’s emergency department shows that the Trust is performing well, but the results show that there is room for improvement in other departments, Lucas Daly of the Picker Institute Europe told our hospital’s first patient experience summit at the Hilton Olympia on 12 June.

The Picker Institute supports NHS organisations in making the most of their patient experience data and shows how ward-level staff and senior managers can use the data to improve performance.

Mr Daly said that our results have shown significant improvement since we started working with Picker in 2006.

That year’s inpatient survey ranked us 79th out of the 82 trusts that Picker worked with. However, in 2012 we had risen to 26th out of 69.

Our hospital undertakes a full programme of patient experience feedback, each piece of which serves a separate purpose but fits into an overall strategy.

The national surveys mandated by the Care Quality Commission are the starting point, and in between these surveys Picker carries out bespoke, condensed reports for us.

The Trust has also introduced surveys using the bedside TV units provided by Hospedia to carry out near real-time surveying, allowing us to track improvement or decline.

Mr Daly told the summit that the surveys showed that there were several areas that could be improved.

Improvements become more difficult the better the Trust performs. Only through continued enthusiasm, initiative and monitoring can the Trust improve further, Mr Daly told the summit.

The all-day summit was attended by 135 people, including five directors and six governors. It was organised by Carol Dale (Patient and Staff Experience Facilitator).

Earlier the summit had heard our Chief Executive Tony Bell say that the hospital’s values of excellent, respectful, safe and kind were one of the things that had attracted him to Chelsea and Westminster.

“What’s in people’s hearts is what really matters,” he said. “First impressions last in our memories. Usually it’s the little things that make a big difference.”

Tony Pritchard, the Deputy Chief Nurse, speaking on the story so far and the next steps on the journey, pointed out the difficulties in getting a comprehensive view and making sense of patients’ experiences.

A cultural change was needed, he said. Some patients reported experiencing difficulty trying to sleep at night, not being involved during ward rounds and communication was sometimes problematic.

Mr Pritchard praised the work being done by volunteers from the Friends of the Chelsea and Westminster Hospital in helping patients with meals. There was a world of difference, he said, between being treated and being cared about.

Paula Murphy of Healthwatch Central West London described the work of the brand-new, independent consumer champion for health and social care. Samira Ben Omar talked about the Clinical Commissioning Groups for Central London, West London, Hammersmith and Fulham, and Hounslow (CWHH) and their emerging consultation to develop a patient experience strategy.

Mitchel Haines, Deputy Divisional Nurse for Medicine and Surgery, described the patient flow programme, and Jane-Marie Hamill and Elaine Manderson explained the importance to our Intensive Care Unit of the government standard known as the Customer Service Excellence Award.

In his closing comments, Tony Bell thanked the volunteers who had done so much to help the summit run smoothly, and said that we should not wait for permission to do good and that we should try to sort out problems on the spot with the help of our managers.
The aim of the Trust’s Quality Awards is to recognise individuals or teams who have made a contribution to quality for patients.

The Quality Awards are given for work meeting all or some of the established criteria from the Governors including patient safety, patient experience, clinical effectiveness and the Trust values.

These awards are open to Chelsea and Westminster Trust employees, or other individuals and teams connected to the Trust’s work. The award can be received for a project, an initiative, or a change that staff undertake which provides enhancement to quality care.

The awards are held twice a year. Supported by the Council of Governors, the winners also receive a small financial award to benefit the work of their department.

Winners have used their award money in different ways in the past to benefit their work—for example, educational materials and patient information.

This five winning teams for spring were chosen for their work and one team was noted to be Highly Commended.

The Quality Award winners were presented with their awards by the Chairman at the July Council of Governors’ Meeting. The winners were:

1. **The Respiratory Physiotherapy Team**

   **Respiratory physiotherapy**

   Their work established notable changes to the existing service provision in the respiratory physiotherapy team and also improved new simulation training.

   The new training was aimed at improving clinical reasoning and non-technical skills for staff delivering care. Overall this work was noted to provide an improved and enhanced service for patients.

2. **The Women's and Men's Health Physiotherapy Team**

   **Implementation of a men's health physiotherapy service for the treatment of incontinence post radical prostatectomy**

   This service met several effectiveness and patient experience goals for both male and female patients suffering with incontinence.

   A targeted survey, a specialist educational course and development of protocols in practice to provide further treatment and improve the quality of life of patients were introduced.

   This work has resulted in a reduction in patients reporting incontinence and evidence of positive patient feedback following treatment.

Clinical consultants have reported that the service is considered ‘essential to treatment’.

3. **The Acute Team of Dieticians**

   **Implementation of the Nutritional Assessment Tool and National Care Pathway to improve nutritional care of adult inpatients**

   The acute team of dieticians and the Electronic Patient Record (EPR) Team established the Nutritional Assessment Score, related nutritional care pathway, and electronic ward kitchen screens with relevant patient nutritional information.

   The overall initiative has raised the profile of nutritional care and is ensuring all disciplines are committed to positive improvements.

4. **M@D Project Team (Pharmacy)**

   **Improving medication reconciliation at discharge—closing the loop**

   The M@D project has extended an improved process to discharge medicines and medicines related problems for all patients admitted to the Acute Assessment Unit (ACU) and subsequently discharged from any wards. This initiative increased patient safety, effectiveness and patient experience.

   Several positive steps have been taken, such as reducing harm from medicines-related problems due to incomplete or inaccurate information about medications at discharge, and reducing the potential for readmission due to preventable medicines-related problems.

5. **The Domestic Abuse Team**

   **A model for responding to domestic abuse within a healthcare organisation**

   This team has received strong endorsement of their approach to survivors of domestic abuse. Their 3-year initiative encompasses several strands of safeguarding work, including:

   - Creation of a Confidential Social Information (CSI) log on Lastword to safely document patient information
   - Development of a Trust domestic abuse policy
   - Ongoing training in domestic abuse awareness and safe practice, and enhanced training for high risk cases
   - Routine enquiry in maternity services and creation of domestic abuse links across the Trust
   - Development of a domestic abuse referral pathway and a domestic abuse folder on the intranet containing resources for patients and staff

Highly Commended: The governors wished to recognise a final category of ‘Highly Commended’. Congratulations to the Acute Assessment Unit Therapies Team for the ‘Acute Admissions Unit Therapies Mapping and Service Improvement Initiative’.

The next cohort of the Trust Quality Awards will be launched during September—further information will be provided on the Trust’s Daily Noticeboard nearer the time.

Please encourage staff undertaking work that contributes to the quality care of patients to apply for the Autumn Quality Awards.

Further information regarding the awards can be obtained by emailing quality.awards@chelwest.nhs.uk.
Charity corner

Arts and children help put Chelsea and Westminster Health Charity on target for Borne

Following recent Trust News updates on our Borne appeal—we are very excited to tell you that Chelsea and Westminster Health Charity has now raised over £1.5 million of our £1.9 million target for Borne.

At the end of June, the charity held an ‘Arts for Life’ auction and drinks evening, which raised an amazing £658,200. The pre-auction dinner, held at the Saatchi Gallery on 24 June, was hosted by Nadja Swarovski and model Natalia Vodianova. The auction itself was held at Christie’s on 26 June as part of contemporary art day sale. It featured works generously donated by 23 leading contemporary artists including Sir Anish Kapoor and Antony Gormley.

On 2 July, you may have seen lots of children gathered in the ground floor atrium or walking down Fulham Road. This was “The Borne Walk”, a special event which brought together more than 100 children, many of whom were born at Chelsea and Westminster, for a walk from the hospital to Bluebird Restaurant on King’s Road.

Thank you to all the hospital staff and Borne team who came to greet and wave off the intrepid crew of walkers. Children collected sponsorship prior to the walk from friends, families and schools—raising an incredible £15,000 between them.

“The Borne Walk” was generously supported by Knight Frank Chelsea and Thackeray Estates. James Pace, Head of Knight Frank Chelsea, and Antony Alberti, Director of Thackeray Estates, said: “It was a wonderful day and clearly enjoyed by not only ourselves but also all that were there.”

Mark Norbury, Chief Executive of Chelsea and Westminster Health Charity, remarked: “We’re delighted to be more than 80% of our way to our appeal target for Borne. This means that we have a good chance of helping to prevent disability and death in childbirth, while creating the foundations for lifelong health for mothers and babies. Consultants, midwives, parents and artists’ support has been phenomenal.”

Hospital’s maintenance team raises money for babies’ and children’s wards

On 5 June Simon Black, Greg Benson, AJ Kleiner, Bruce Chisholm and Andy Glassoll, from the Trust’s maintenance team Norland, cycled 300 miles from London to Paris in three days in the hope of raising £5,000 for the Children’s Hospital Trust Fund.

They embarked on the challenge as they wanted to make a lasting impact on the lives of the patients at Chelsea and Westminster Hospital and so decided to support The Children’s Hospital Trust Fund in its effort to provide medical and surgical equipment for the hospital’s children’s wards.

The Norland team have raised £2,000 so far but are still hoping for more donations so that they can meet their target of £5,000. The Children’s Hospital Trust Fund is urging members of the hospital and the local community to show their support by placing donations via Norland’s Just Giving page www.justgiving.com/LondonToParisOrBust.

The money will be going towards the Children’s Hospital Trust Fund’s Pluto Appeal, which is currently trying to raise £500,000 to buy additional equipment for the UK’s first da Vinci robot dedicated to babies and children. The extra equipment will mean that the robot can be put to full use and will be able to carry out all the required operations. Babies and children will be operated on with more accuracy, will suffer less pain, have smaller scars and will be discharged from hospital quicker.

Simon Black of Norland said, “We want to help the Children’s Hospital Trust Fund because the work they do has the most lasting impact on patients. A baby or child who is operated on with a da Vinci robot will see a lifetime of benefits. We want to help these babies and children to go on to lead the best lives possible after their surgery.”

Knight Frank and local businesses fundraise for sick babies and children

Courtfield Gardens’ annual summer garden party raised £115,500 for The Children’s Hospital Trust Fund, double what it made last year, thanks to estate agent Knight Frank, The Kings Arms, Lots Road Auctions and the support of the local community. The money will go towards funding surgical equipment for babies and children at Chelsea and Westminster Hospital.

Much of the garden party’s success is down to Knight Frank’s generous sponsorship, which covered the costs of the event and ensured that every penny spent on the evening went directly to The Children’s Hospital Trust Fund.

The charity’s patron, Jane Asher, as well as Gerald Scarfe and the Mayor and Mayoress of the Royal Borough of Kensington and Chelsea, attended the party showing their support for the Children’s Hospital Trust Fund and its Pluto Appeal.

Community spirit was shown to be alive and well at the event with 450 local people out in force to support the charity. The party was catered for by Knight Frank’s generous sponsorship, the Kings Arms pub and guests enjoyed a hog roast. The alcohol and soft drinks were provided by Knight Frank and the bar was run by Kings Arms’s staff, who worked free, which meant that all profits made from the food and drink went to the charity.

Lots Road Auctioneer Nick Carter livened up the party by auctioning luxury items donated by local businesses. All proceeds went to the charity which, together with Nick Carter’s flair as an auctioneer, encouraged guests to bid. The auction made £2,500.

Knight Frank’s generosity and the support given by The Kings Arms, Lots Roads Auctions means that the Children’s Hospital Trust Fund are a step closer to raising £500,000 to buy the additional equipment needed for the UK’s first da Vinci robot dedicated to babies and children, which the charity recently purchased for Chelsea and Westminster Hospital.

The money raised will help give the community’s youngest members the gift of health and its benefits will undoubtedly be seen for generations to come.

Mr Munther Haddad, Chair of The Children’s Hospital Trust Fund and Senior Consultant Paediatric Surgeon at Chelsea and Westminster, said: “We are grateful for the generosity received from local businesses and the community and we hope to engage continued support in our efforts to fundraise to improve the medical care for babies and children at Chelsea and Westminster Hospital.”

Rebecca McLoughlin, The Children’s Hospital Trust Fund said: “The generosity we have received from local businesses will have a huge impact on so many lives in the community. The support that we have received gives us hope that we will be able to keep raising money to improve the lives of the babies and children at Chelsea and Westminster Hospital.”
Charity corner

Rambert Dance returns

Rambert Dance classes are returning to Chelsea and Westminster Hospital. Spread over 5 weeks, classes include a gentle warm-up followed by fun movement exercises to music. They provide a wonderful support to hospital treatment or rehabilitation. The classes are free of charge to any adult patients (inpatients and outpatients), thanks to the generous sponsorship of St Stephen’s Volunteers. No experience is necessary and participants can remain seated throughout.

From the last two courses, 88% of patients noticed an increase in happiness, 67% found a reduction in pain, 100% said their quality of life improved, and 100% would recommend it to other patients.

A 5-week course will be running on Fridays from 10.30am–12 noon in the Conservatory, Ron Johnson ward on 6, 13, 20, 27 September and 4 October. Patients can book their free place by emailing daisy.fancourt@chelsea.nhs.uk or calling 020 3315 6618.

Posters and leaflets are available on request for wards and departments to pass on to their patients.

Sixty years of dedication by Virginia Galbraith

Fifteen-year-old Virginia Galbraith caught up with the Trust’s oldest volunteer to find out about the charity she supports...

The St Nicholas Fund is a charity which raises money to help children’s wards at Chelsea and Westminster Hospital. They fund anything from toys or sensory toys through to parents’ beds and medical equipment. As part of the Children’s Hospital Trust Fund the charity also helped raise funds for The Pluto Appeal.

The St Nicholas Fund was first based at the Westminster Children’s Hospital at Vincent Square. 20 years ago the Westminster Children’s Hospital merged with St Stephen’s.

Lil, who turns 102 in August, has played a large role in making this charity what it is today. Her dedication has been thoroughly recognised throughout the organisation.

After sitting down with Lil I became aware of how truly wonderful this woman is. Lil’s been with the charity for almost three fifths of her life. Lil explained: “I have been a part of the charity since after the war in the 1950s, almost 60 years.”

It began with a hospital known as the Westminster Children's Hospital, in which Lil's great uncle was involved. The hospital was known for the care of sick children all over West London but later became part of Chelsea and Westminster Hospital. Lil was disappointed to see the closing of the original facility and campaigned to try to save it. “It did not have the cosy atmosphere of the shops around it,” which was part of what the old hospital was so known for. “We used to hang Christmas stockings in the shops to raise money for the charity,” Lil says as she smiles.

When asked how much contact she had with the children Lil responds: “Not much because the children were very ill and very susceptible to catching other illnesses such as the common cold.”

Twenty years ago the fund helped raise funds for bone marrow transplants. “They were very fuzzy about keeping wards spotless and we couldn’t hang around.” These children had to be in complete isolation and to make their stay easier the charity helped fund toys to keep them occupied. The heartbreaking part was that parents were separated by a large glass screen and had to place their arms through a bubble for contact. The hospital also had a Cobalt which was the Pluto of its time.

The charity began with 25 members, mainly wives of doctors, who placed collecting boxes around the hospital to raise funds. “We met every Tuesday morning and talked about how to raise money.” One way for them to collect funds was at Christmas fairs and dances.

Today the St Nicholas Fund sets up stalls and sells books, clothes and toys in order to raise money for the cause. Recently they helped The Pluto Appeal purchase the da Vinci robot.

When the charity lost members and couldn’t replace them, they were short of people. “We thought it was fizzling out,” but Lil and the charity stayed strong and now there are close to 15 members, all of whom contribute and dedicate their time to supporting sick children and their families. It is because of the St Nicholas Fund and the public’s generosity no sick or injured child will ever be alone.

In memoriam tributes bring support to patients on Lord Wigram Ward

Paul Jacobs has generously asked for donations for his mother to go towards an orthopaedic chair for patients on Lord Wigram ward.

Paul’s mother, Marjorie, benefited from the use of an orthopaedic chair as a patient at the hospital but had to share it with patients on another ward. Seeing the positive effects it had on his mother during her stay, Mr Jacobs asked family and friends to make in-tribute donations to Chelsea and Westminster Health Charity for the ward to buy an additional chair.

Mr Jacobs then kindly topped up the balance to ensure that the £2,000 chair was provided for all patients on Lord Wigram Ward.

The hospital had one of the first units for bone marrow transplants. “They were very fuzzy about keeping wards spotless and we couldn’t hang around.” These children had to be in complete isolation and to make their stay easier the charity helped fund toys to keep them occupied. The heartbreaking part was that parents were separated by a large glass screen and had to place their arms through a bubble for contact. The hospital also had a Cobalt which was the Pluto of its time.

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In memoriam tributes bring support to patients on Lord Wigram Ward

Paul Jacobs (second left) with Kerry Huntington (Charity Fundraising Manager—left) and staff from Lord Wigram Ward

Pam Mullin at the Friends book sale

Have you visited the Friends library?

The Friends of the Chelsea and Westminster Hospital run a library on the lower ground floor at the front of the hospital. The library has a wide range of books on all subjects. Its prime objective is to supply patients with books for their enjoyment.

Volunteers take a mobile library round the wards three times a week on Tuesdays, Wednesdays and Fridays. They not only lend books, magazines and magnifying glasses (if needed), but also enjoy engaging with the patients to brighten their stay in hospital. The library is not difficult to find so do visit when you can. Take the escalator near the fish tank to the Lower Ground Floor and at the bottom, turn left and left again.

The librarian, Pam Mullin, also organises a weekly book sale which takes place on Friday mornings between 10am and 1pm. This takes place on the ground floor between the escalators. The sale includes some second hand and some brand new books donated by supportive publishers. All types of subject matter are covered—fiction, non-fiction, large print, children’s poetry, self-help, travel, religion, cookery and large illustrated books. The sale raises between £200 and £300 each week which contributes to The Friends charitable projects in the hospital.

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Lil sorts through some knitted baby clothes

Lil sorts through some knitted baby clothes

Lil sorts through some knitted baby clothes
Data quality—getting it right the first time

Data quality is the term used for all information about patients and their visits or time in hospital and the standard of that information.

When data quality is compromised by staff or patients it can lead to delays in follow-up care and medication prescriptions for patients and several hours of extra work for staff.

The key is to keep data correct and up-to-date the entire time to ensure patients and staff have the smoothest possible experience.

We have taken a common example of when data quality is compromised to illustrate the subsequent issues that arise.

Taking inspiration from the film Sliding Doors we want to show you what happens if the different scenarios are played out.

The green scenario indicates where everyone involved gets data quality right, amber shows where a patient hasn’t informed us updated details, and red shows where staff have forgotten to carry out an update in patient details.

Sharing staff experience to improve patient care

September sees the launch of Schwartz Rounds, a unique opportunity where staff can discuss their emotions and experience relating to a patient’s care and how this openness can translate into better care for others.

Carol Dale, patient and staff experience director, said: "These one hour meetings are a safe place where staff discuss emotional and social dilemmas and the impact certain experiences have had on their working and sometimes personal lives."

"It’s hoped that by talking these issues through it not only provides those sharing their experiences with some closure but also has a profound effect on those staff watching the discussions, how they can relate their own experiences to what they’ve heard and what they can learn from their colleagues to provide a better service and experience to their patients.”

Schwartz Rounds originated in America 14 years ago and research has shown that by using this forum hospitals can provide a better service and experience to their patients.

The King’s Fund have piloted rounds in the UK at the Royal Free Hospital NHS Foundation Trust and Gloucestershire Hospitals NHS Foundation Trust and, following assessment of the impact of these pilots, it’s believed that the success the US has experienced could be replicated in the UK.

Consultant Dr Sarah Cox is the lead clinician for the project and will be facilitating the first round, which will take place on Friday 27 September from 12:30–2pm in the Gleeson Lecture Theatre.

She said: "This will be an invaluable space to share the experiences, sometimes difficult, we have at work. It is not about finding solutions but acknowledging that caring work can cause strong feelings in all.

"It would be wrong to think this is a workshop just for clinical staff—a range of people are involved at all parts of the patient journey and it’s important and welcomed that they come along and share their own unique experiences."

"I know that participating in the rounds is going to have a profound affect on how I work each day to deliver the best care I can to my patients and I hope that other colleagues come to listen and share their own unique experiences.”

While themes or specific experiences will be discussed, these are anonymised to protect patient confidentiality. And due to the nature of the discussions only staff can attend.

All that want to attend must bring their ID badge to gain entry to the workshop. Lunch will be provided at every round from 12:30–1pm.

Carol concludes: “Not only will attending provide you with a greater insight into experiences your colleagues have had when treating or dealing with patients but it’s also an opportunity to meet people from departments you may not regularly work with so you’ll gain a better insight into how all parts come together to deliver care at Chelsea and Westminster.”

Staff can find out more information on the first Schwartz Round and the schedule for the year by visiting the Trust intranet.

Uniform policy: Be safe, be smart

The Trust’s clinical staff dress code and uniform policy has been reviewed. The updated policy can be found on the Trust intranet.

This policy is important to:

- Minimise the risk of infection
- Inspire a professional image
- Support the Trust values
- Identify members of staff to each other and the general public

Key points to note

All staff working in or visiting a clinical area, must follow the "bare below the elbow" policy.

Wearing visible uniforms (including scrubs) in public places outside of the Trust is not permitted. This includes any staff leaving the main hospital or other hospital buildings.

All staff must either change out of uniform when leaving the hospital premises or ensure that it is completely covered.

The public often perceive that there is a risk of infection which may undermine their confidence in the Trust.

There will be a series of communications over the coming month to ensure that all staff are aware of this policy. Compliance will be regularly monitored.

If you have any questions about the policy contact Tony Pritchard (Acting Director of Nursing) by emailing anthony.pritchard@chelwest.nhs.uk.

Point along the patient journey: Discharge

Data: GP Information

Data quality issue: Discharge summaries

<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
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<tbody>
<tr>
<td>Staff member updates patient record</td>
<td>Discharge summary following hospital care sent to previous GP</td>
</tr>
<tr>
<td>Patient forgets to inform hospital</td>
<td>Discharge summary following hospital care sent to previous GP</td>
</tr>
<tr>
<td>Patient changes GP surgery</td>
<td>Discharge summary following hospital care sent to previous GP</td>
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<tr>
<td>Staff member contacts patient to collect correct GP details</td>
<td>Discharge summary following hospital care sent to previous GP</td>
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<tr>
<td>GP returns misdirected discharge summary</td>
<td>Discharge summary following hospital care sent to previous GP</td>
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<tr>
<td>Follow-up care and medication completed as necessary</td>
<td>Discharge summary following hospital care sent to previous GP</td>
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<tr>
<td>Follow-up care and medication completed but delayed</td>
<td>Discharge summary following hospital care sent to previous GP</td>
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<tr>
<td>Discharge summary sent to previous GP</td>
<td>Current GP has not received discharge summary and calls hospital to complain</td>
</tr>
<tr>
<td>Member of staff amends patient record and sends discharge summary to GP</td>
<td>GP sees patient after delay and patient complains to hospital</td>
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<tr>
<td>Patient calls current GP for prescription</td>
<td>GP sees patient after delay and patient complains to hospital</td>
</tr>
<tr>
<td>Current GP has not received discharge summary and calls hospital to complain</td>
<td>Member of staff amends patient record and sends discharge summary to GP</td>
</tr>
<tr>
<td>Discharge summary sent to previous GP</td>
<td>Staff member forgets to update record</td>
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<tr>
<td>Patient changes GP surgery</td>
<td>Previous GP does not inform hospital that patient is no longer with them</td>
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<td>Patient informs hospital</td>
<td>Previous GP does not inform hospital that patient is no longer with them</td>
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T he Magill Department of Anaesthesia rose to the challenge of raising money for the Lifebox Charity by taking part in the national Great Anaesthesia Bake and has successfully raised more than £6,000. The team had a cake stand in the hospital on 30 May filled with homemade cakes and biscuits.

Safe anaesthesia and surgery depends on the ability to recognise problems early, and one of the most important monitors used for the is a pulse oximeter—a small peg attached to a patient’s finger which counts the pulse rate and monitors the amount of oxygen in the blood.

In the UK, hardly a patient will pass through the hospital without being assessed using one of these devices, but in many developing countries, they are a rarity. Lack of such a basic equipment contributes to the high death rate for surgery in developing countries.

Lifebox is a charity set up and run by the Association of Anaesthetists of Great Britain and Ireland, which provides access to these essential pulse oximetry monitors for developing countries.

Supporting this charity is one way that we can improve and save the lives of others who live and work in conditions unimaginably harder than our own.

For further information and details on how to make donations, visit their website www.lifebox.org, or follow them on Twitter @lifeboxfoundation.
Welcome

Executive team changes

David Butcher

David Butcher joined Chelsea and Westminster on the 3 June on a two year secondment from Outer North East London Cluster CG as Director of Estates and Facilities. David said: “I am thrilled to join a Trust which is investing in improvements with many exciting and challenging capital projects on the way. I am looking forward to helping Chelsea and Westminster make improvements for the future.”

Mark Gammage

Director of Human Resources Mark Gammage is leaving the Trust on 9 September to run his HR consultancy company full time.

Chief Executive Tony Bell said: “Mark has been with the Trust for five years and in that time build up a strong, HR department. Mark and his team have been recognised with several national awards in that time which is testament to his work here.

“I would like to personally thank Mark for the excellent job he has done in seeing through the transition of senior management changes in the Trust during the time that I have been here. He has shown great sensitivity and insight to both the people and the organisation. It has been a pleasure to work with him and we wish him all the best for the future.”

Director of HR and Organisational Development appointed

Susan Young has been appointed as Chelsea and Westminster’s new Director of Human Resources and Organisational Development. Susan has been Director of HR and Organisational Development at the Countess of Chester Hospital since September 2010. Susan and her team there were shortlisted for several awards during that time and most recently won a Healthcare People Management Association (HPMA) Excellence in Human Resource Management Award.

Susan said: “I am delighted to be joining such a well-respected Foundation Trust which places a strong emphasis on its values. Having strong values helps patients and staff understand what to expect when accessing services or working at the hospital. The standards the Trust has set among patients and staff are reassuringly high.

“While we perform strongly in national staff and patient surveys, there is always more that can be done. I look forward to developing the human resources and organisational development functions at the Trust so that we provide all staff with a satisfying working life, which will translate into a better patient experience.”

Susan will join the Trust in early September.

Director of Nursing appointed

Libby McManus has been appointed as Director of Nursing and Quality. She has been Chief Nurse at York Teaching Hospital since 2007 and has extensive leadership experience, having performed a range of senior NHS nursing and operational roles across England.

Libby said: “I am delighted to be joining a Trust that has the quality of care and the experience of patients at the heart of all they do.

“Chelsea and Westminster Hospital is known for the importance it places on embedding values and behaviours at all levels of the organisation, and I look forward to working with the excellent clinical teams already in place to ensure that every patient experiences care that is Respectful, Safe, Kind and Excellent every time.

“It is a challenging time for hospitals and healthcare and we owe it to ourselves, as proud ambassadors of the NHS, and the public we serve to continue to learn so that we always provide the safest and highest quality care to our patients.

“There has never been a stronger, more powerful focus on patient care and our significant contribution to it as nurses, midwives and healthcare/maternity support workers. Francis & Keogh will both help us and challenge us to be and give our best.”

Clinical Site Manager appointed as panellist

Fr Jeffrey Steel

Fr Jeff has joined the Multi-Faith Chaplaincy team at the Trust and serves as a Catholic Chaplain. For the past two years Fr Jeff has been completing his PhD in Theology at the University of St Andrews and received a Pontifical degree in Sacred Theology from the Katholieke Universiteit Leuven.

Clinical Site Manager, Chris Morrow-Prest, has been appointed to be a panellist (judge) for the Nursing and Midwifery Council (NMC).

The NMC is the regulating body for the nursing and midwifery profession and exists to safeguard the health and wellbeing of the public, setting standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare consistently throughout their careers.

The role of the panellist is to hear cases of alleged misconduct and then decide whether individuals should be allowed to continue to practice in the UK. This is initially for a four year term performed in conjunction with Chris’s current role at the Trust.

Chris said: “This opportunity is a very humbling experience and I hope that I can serve both the NMC and the general public well.

“It is not a process I can say I enjoy, but I am passionately proud to be part of an organisation that actively strives to ensure that healthcare is delivered appropriately, professionally and with compassion.

“I believe it is through the support and development that the team here at Chelsea and Westminster have invested in me as an individual that has seen my successful appointment. For this, I am very thankful.”

In memoriam: Tera Younger

Patient Governor Tera Younger sadly passed away at home in May. Tera was a passionate member of the Council of Governors and a great supporter of the hospital. Public Governor Martin Lewis said: “Tera was committed governor who was passionate about healthcare issues and of course Chelsea and Westminster Hospital. She had vast experience in healthcare policy in both the US and UK, and volunteered for Links (now Healthwatch). She will be sadly missed by us all.”

The Trust will be holding a memorial service for Tera on 19 September at 1:30pm in the chapel—all welcome.
**My other life... Kate Ellis Staff Nurse**

Staff Nurse on the Acute Assessment Unit, Kate Ellis, is swapping her nurse’s uniform for sailing salopettes on the 1 September when she takes part in the first leg of the Clipper Round the World Sailing Race.

Kate’s leg of the race begins from St Katherine Docks in London and finishes in Rio de Janeiro, Brazil, stopping off at Brest in France along the way. Kate will be part of a crew of 23 people with a variety of levels of experience. Kate has only just met the rest of the crew and the sailors from the other boats, who are all from different backgrounds, including GPs, directors, property developers, and the retired looking for adventure!

Kate is the nominated medic on board and has been preparing for weeks, going through the long list of medical equipment to stock on the boat. Safety is paramount and the boats in the race can contact each other by radio or there is a ground crew that be contacted if there are problems.

Kate has been dinghy sailing as a hobby since school but has never professionally raced a sailing yacht. The crew will be led by a fully qualified skipper, and all crew on board have completed three weeks of practical training to ensure they all have good sailing skills before taking part in the race.

They will be sailing new 70ft racing yachts and the crew will be running the boat in two, six hour watches during the day and three, four hour watches at night. The crew will rotate between these shifts during the five weeks at sea.

Kate is undertaking this challenge for experience and has to fund the trip herself. She saw the race advertised, applied, was interviewed and then offered a place. The crew have adopted the name “Team Pete” after their skipper and their yacht will be sponsored by Jamaica. They have already chosen a team song Let’s Go by Calvin Harris.

Kate said: “I just think it’s an amazing thing to do. I have a passion for travelling and always need my next adventure to look forward to.”

After the race Kate has a couple of weeks off in Rio to recover from her challenge before she returns home to the UK and back to work in A&U.

There are 12 indentical yachts taking part in the race and, after stopping in Rio, they will continue on to Cape Town, Sydney, Singapore, Qingdao, San Francisco, and many more places along the route, before returning to the UK to finish the race in July 2014. You can find out more about the Clipper Round the World Race by visiting their website www.clipperroundtheworld.com.

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**Our award winning staff**

**Female Genital Mutilation Service**

The Female Genital Mutilation (FGM) Service is the winning recipient of the 2013 David Bromham Memorial Award. The award is presented by the Faculty of Sexual and Reproductive Health of the Royal College of Obstetricians and Gynaecologists. It is awarded for work, which through inspiration, innovation or energy, has furthered the practice of sexual and reproductive healthcare in any way and any setting.

The FGM Service won the award for their collaborative work around women who have undergone FGM and the complex requirements of these women involving different medical disciplines. This award recognised the efforts of the FGM team, which through inspiration and innovation has furthered the practice of sexual and reproductive healthcare in this setting.

The entry was submitted on behalf of the West London Centre for Sexual Health in partnership with the West London African Women’s Service. The award was made during the Fellow’s and Honorary Fellow’s ceremony on 6 June at the Royal College of Obstetricians and Gynaecologists.

Dr Naomi Low-Beer and Dr Lazara Dominguez with their award

**Venous Thromboembolism project**

A Chelsea and Westminster Venous Thromboembolism (VTE) project on the ‘Novel initiatives to help reduce hospital associated venous thromboembolism’ was one of the finalists for the Pharmaceutical Care Awards 2013. Sheena Patel (Specialist Anticoagulation Pharmacist), Dr Helen Yarranton (Consultant Haematologist), and Malin Zettergren (Clinical Risk Manager) attended the awards ceremony on 14 June at the Royal Institution of Great Britain, where the project work was presented.

The project highlighted the role that pharmacy has in providing and improving patient care and the importance of a multidisciplinary taskforce.

Dr Helen Yarranton and Sheena Patel (2nd and 3rd left) accept their award

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**Farewell**

**Ailbhe Connellan**

Ailbhe Connellan, PA to the Chief Nurse and Deputy Chief Nurse, left the Trust on Friday 12 July to take up a new role at Central London Community Healthcare.

**Axel Heitmuller**

Director of Strategy Axel Heitmuller left the Trust on 31 July to join Imperial College Health Partners as Director of Strategy and Commerce.

Axel has been at the hospital since December 2010 and said: “It has been an exciting few years at the Trust and I have enjoyed working with everyone very much. I won’t be far away in my new role as my new office is at Harbour Yard.”

**Matthew Wyatt**

Senior Physiotherapist and Patient & Staff Experience Facilitator Matthew Wyatt is leaving the Trust on 30 August to take up his new role of Head of Musculoskeletal Physiotherapy at Croydon Healthcare Services. Matthew has been at the Trust for three years and said: “I’m going to miss Chelsea and Westminster and all its staff as it is such a friendly and clinically excellent place to work.”

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**Our award winning staff**

**Female Genital Mutilation Service**

The Female Genital Mutilation (FGM) Service is the winning recipient of the 2013 David Bromham Memorial Award. The award is presented by the Faculty of Sexual and Reproductive Health of the Royal College of Obstetricians and Gynaecologists. It is awarded for work, which through inspiration, innovation or energy, has furthered the practice of sexual and reproductive healthcare in any way and any setting.

The FGM Service won the award for their collaborative work around women who have undergone FGM and the complex requirements of these women involving different medical disciplines. This award recognised the efforts of the FGM team, which through inspiration and innovation has furthered the practice of sexual and reproductive healthcare in this setting.

The entry was submitted on behalf of the West London Centre for Sexual Health in partnership with the West London African Women’s Service. The award was made during the Fellow’s and Honorary Fellow’s ceremony on 6 June at the Royal College of Obstetricians and Gynaecologists.

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The project highlighted the role that pharmacy has in providing and improving patient care and the importance of a multidisciplinary taskforce.
Communications survey 2013

Thank you to everyone who completed this year’s communications survey. There were 174 responses from a mixture of staff and Governors. Detailed below is some of the feedback we gathered and the actions being taken as a result of what you’ve told us.

Daily Noticeboard

88% of respondents said the Daily Noticeboard is just right in length and 94% told us that it is very easy or quite easy to read. However, some people commented on the poor formatting of the text and the overall design of the Daily Noticeboard.

Action: The Daily Noticeboard will be undergoing a facelift and a refreshed version with improved formatting and a brighter look and feel will be published from September onwards. The Daily Noticeboards the most popular channel of communication, closely followed by Trust News, which gives further support to the case for giving the Daily Noticeboard a facelift.

Chief Executive’s Blog

38% of respondents said they think that the Chief Executive’s Blog is informative and a good read and nearly half read every blog. Some comments indicated that people would like to see more of his personal opinions in the blog but generally people like being “kept in the loop” by the Chief Executive.

Action: We hope to run Tea with Tony sessions following Team Briefing. The idea is that 20 members of staff will be chosen at random and invited for an informal discussion session with the Chief Executive to talk about what they feel is going on at the Trust and they can make suggestions for improvements.

Team Briefing

73% of staff told us that they thought Team Briefing was just right in length, 88% said it was very easy or quite easy to read but 38% of staff reported that their manager never discussed Team Briefing with them. Some people commented that there was not enough informal face-to-face opportunities.

Action: We are currently exploring the options of changing Trust News to a smaller size. We need to ensure that this does not compromise cost or content. Only 3% read Trust News online so we need to ensure the printed copy is in the best format possible.

Internal communications

Comments included:
- “A weekly email would be useful, as I don’t always get to read the daily commns.”
- “A weekly noticeboard instead of daily noticeboard.”

Action: Due to the nature of some of the messages we receive for the Daily Noticeboard we will not be able to reduce the noticeboard down to once a week.

However, to prevent repetitive messages we will be producing a weekly training bulletin with details of all the courses and training coming up that week.

Intranet

Less than a quarter of respondents use the intranet, which indicates a need for improvement.

Only 7% of respondents rate the intranet as excellent, two thirds say the intranet is average or poor.

Three quarters say that the search function and aesthetics are poor or average.

Action: This feedback shows there is a definite need to redesign the intranet to ensure staff are using the resource as much as possible and are easily able to access the information they need.

Overall

55% said it was very easy or fairly easy to find out what was going on at the Trust.

Respondents were satisfied with our website on the whole but the intranet will need work over the next 12 months to improve that area of communication for staff.