

# GP Update

LATEST NEWS FROM THE TRUST

AUTUMN 2016 Number 36

## The best save of his career

**Former Huddersfield Town goalkeeper Alan Starling has been back to the Trust to thank our teams after a routine AAA (abdominal aortic aneurysm) scan saved his life.**

He came in for the scan – now offered to all 65-year-olds – and after further investigations it was revealed he had THREE potentially life threatening aneurysms. Mr Starling, 65, underwent a six-hour operation at HRI and was left with a scar needing

56 staples. There were so many staples his family took a photo, and sent it to friends and family with a “guess the number” for £10 a go and raised an amazing amount of money for Ward 3 where he recovered after ICU.

Mr Starling, from Mount, a grandad of two, said: “Those 10 minutes at the screening check saved my life. I was looked after by a fantastic team of people. Everybody was amazing. If I hadn’t gone for my check – I would not be here now!”



Please promote AAA screening to all your patients

Alan Starling with Samantha Bryant, right, and Lucy Torczynowycz

## Respiratory Care success story

Our reworked Respiratory Care team has been one of the big successes of the past year, as our community division celebrated its first birthday. We have taken on the huge project of making this care more streamlined, seven days a week and put simply, just better for our patients.

The changes have also proven to work in other parts of the country and at the heart it is a proactive multidisciplinary team working closely with the pulmonary rehab team to create an integrated respiratory service. The team are based at St John’s Health centre in Halifax.

● GPs can contact them directly on the Single Point of Access for an immediate



assessment for a patient. The team are supported by a daily Respiratory Consultant “hot clinic” on MAU at CRH, to which they can triage, along with a weekly MDT meeting.

● They help patients self-manage their conditions in their own homes and have named staff covering each

### Our Respiratory Care team

community hub. Pulmonary rehab provide classes in 2 community venues and a new class for patients moving into end of life with their carers “Breath of Fresh Air” at Overgate hospice.

## Morning discharges rise

The Trust has started a new way of working to enable our patients to be discharged in the mornings to give them more time to settle in back at their homes.

The move is part of the safer Patient Flow

Programme and the aim is to stop patients having long waits until later in the day before leaving us.

The numbers being discharged in the morning is already up by 20% and we aim to keep this number rising.



Discharge team at CRH

## News Round-up

### New initiatives to increase flu jab uptake



Medicine team leading the way

The Trust runs its own staff flu vaccination campaign every year at the same time as our GP partners are providing theirs for the most vulnerable in our communities.

We are aiming to top last year's 3,100 with an army of more than 150 vaccinators in all areas of the Trust.

It is proven that the more colleagues we vaccinate the greater the protection there



is for others around us.

In the first week, starting October 3, there was a

tremendous response with 1,000 vaccinations across the Trust.

## Acute Coronary Syndrome Team halves waiting times

**Our Acute Coronary Syndrome (ACS) team manage the elective cardioversion service, and this year have had some tremendous results.**

They have reduced the average waiting time for the procedure from 83 days to 36 days despite an increase in referrals – so read on to find out more about the team from Cardiac Nurse, Alison Eales.

Elisabete Ribeiro joins the team as Clare Vickers has moved to become the complex cardiac device nurse.

Elisabete, originally from Portugal has worked on the cardiology ward and CCU for the last 3 years and started her new role last month. She joins Alison Eales and Sarah Bates who have been together as cardiac nurses



Alison, Sarah and Elisabete

for the last 7 years.

The team work cross-site with one nurse on each site being available to be contacted Monday to Friday 8am – 4pm. At HRI we are on a bleep 503 and at CRH Tel 4942.

The Acute Coronary

Syndrome team saw almost 1000 patients last year suffering a myocardial infarction (MI), and saw many more patients who presented with chest pain and cardiac arrhythmias.

The team will see any patient who presents

with cardiac symptoms to offer advice and assist with decision-making when referring on for acute intervention in a time critical situation.

They review and identify patients who have a more stable cardiac condition,

liaising with the medical and bed management team to transfer to the most appropriate area/site referring directly or discussing with cardiologist to instigate an early treatment plan e.g. angio or ECHO.

Chest pain assessment is the main focus of the job but they also cover the five new onset angina clinics providing information to patients who have received the new diagnosis of angina.

Alison said: "The job has changed over the years as developments in cardiology continue. It is unpredictable yet varied and interesting. We never know what a patient will present with and the fact we follow all our ACS patients through to discharge means it is rewarding to see the positive outcomes."

## CQC rating in line with other West Yorks trusts

Our overall rating from the Care Quality Commission – following our inspection in March – came back as overall "requires improvement"

in August which puts us in line with all other trusts in West Yorkshire.

Our care and responsiveness came out as good and more

than 70% of our services across the two hospitals and in community were rated as good.

The inspectors also describe some areas of

our health-care provision as outstanding and said staff spoke with pride about their work for our patients and their families.

Action plans were

already in place after the inspection, so we hope to see a difference at the anticipated return by the CQC which is expected shortly.



# FOCUS ON... Beating MRSA



Jean, front, with our infection prevention and control leads

**T**hanks to massive heightened awareness and extra vigilance and training the Trust hasn't had a MRSA (methicillin resistant staphylococcus aureus) bacteraemia for over a year – more than 380 days to be precise.

When records first started in 2006/07 we had 17 MRSA bacteraemia. These are infections of the blood. These are different to cases on the skin as MRSA is carried on the skin by a third of the population. In 2015/16 we had 3.

Senior infection prevention and control nurse Jean Robinson, said it was difficult to pinpoint a single reason but an all-round commitment from the Trust and all wards and departments and all our teams both clinical and non-clinical to keep them at bay.

MRSA is an infection of the blood which gets into the body, usually via an invasive device so how they are inserted and monitored is key.

Jean said: "Since we started to record cases there is much heightened awareness right across the Trust.

It is a combination of everything – hand hygiene and our aseptic non-touch technique training – but as well as that it is our commitment to delivering quality care. This is given to all junior doctors at the start of their placements with us and is continually being rolled out across the Trust."

Where a cannula is inserted it is monitored daily and removed when no longer in use to reduce the risk of infection.

Jean added: "It is a truly top achievement but this Trust will not ease off our commitment or get complacent."

## New ANTT assessors help reduce infection risk

CHFT now has a small army of frontline Aseptic Non Touch Training (ANTT) assessors.

There has been a big drive since last autumn to build up the numbers and we now have 100 new assessors who can share knowledge with all their teams right across the Trust. Consultant Suneeta Techchandani was among them attending, becoming one of our first Consultant assessors. ANTT is important as



it is at the heart of so many procedures for our patients including

all invasive procedures, lines, catheters and cannulations. Getting

it right means the risk of an infection is reduced hugely.

Our Infection Prevention and Control Doctor Dr Gavin Boyd, added: "It's great to see all the teams' hard work paying off. Staff should now find it easier than ever to be assessed in ANTT, which is an important part of delivering safe care to our patients.

"I'm particularly happy to see Suneeta becoming an assessor and in doing so demonstrating that ANTT is as much a medical standard as it is a nursing standard."

## Halifax Mosque meeting discusses end of life issues

Members of the South Asian community met with healthcare representatives to talk about the issues raised by caring for people at the end of their lives.

At the event, held at Madni Mosque, Halifax, information was given on how treatment and care was tailored to those nearing the end of

their lives, how difficult decisions were made in a compassionate way, and the purpose of Hospice care.

Calderdale Council of Mosques facilitated the event with the support of the Madni Mosque which offered the venue and helped with the serving of drinks and

food. The event was also broadcast on the local S Asian radio network.

The legal requirements of registering deaths with reference to the customs of Muslim community were outlined by Andrea Breen, Superintendent Registrar of Births, Deaths and Marriages for Calderdale Council.



Tim Jackson addressing the gathering

## Trust starters

- Simon Gonsalves  
(General Surgery) 19/09
- Aamer Iftikhar  
(Radiology) 15/09
- Manonmani Sengodan  
(Pathology) 01/09

● Our Transplant Team has one of the best records in supporting families to become organ donors in accordance with their wishes. Here's our chairman, Andrew Haigh at the Syngenta Family Day signing up visitors to the Organ Donor Register – even Stormtroopers!



● The Trust has redesigned its ID badges in support of the campaign by the late Dr Kate Granger to promote better healthcare communications. All now feature "Hello My Name Is..." prominently.

## Waiting times update

Waiting Times Snapshot as at 30 September 2016

SPECIALTY	FIRST O/P	DAY CASE	ELECTIVE I/P
General Surgery	14	8	12
Urology	9	8	8
Trauma and Orthopaedics	10	11	11
Ear, nose and throat	11	11	14
Ophthalmology	15	9	8
Oral Surgery	14	8	8
Plastic Surgery	15	12	12
Pain Management	11	11	0
General Medicine	8	6	
Endocrinology	8		
Diabetes	8		
Respiratory Med	9	Bronch's – 6	
Gastroenterology	9	6	
Haematology	6		
Cardiology	9	Angiography – 6 Pacemaker – 6	
Dermatology	12		
Nephrology	7		
Medical Oncology	1		
Neurology	9		
Rheumatology	8		
Elderly Medicine	5		
Paediatrics	7	—	—
Gynaecology	5	10	10

## Radiology waiting times

as at end of September 2016

Please note the waiting is the same at both sites unless the procedure is just site specific.

	Cross Site	HRI	CRH
MRI	6 weeks		
CT	3 weeks		
Ultrasound – general	4 weeks		
Ultrasound - Musculoskeletal	4 weeks		
Ultrasound - Vascular	6 weeks		
Fluoroscopy - Upper GI	3 – 4 weeks		
Fluoroscopy Barium Enema (not performed at present)			
Nuclear Medicine- Bone		3 weeks	
Nuclear Medicine- Cardiac		8 weeks	
Nuclear Medicine- Others		6 weeks	
Mammography	No waiting time		
DEXA Scans	0	4 – 5 weeks	

### Key to main waiting times update

**FIRST OP** = GP Referred (routine) First Outpatient Attendance. Times shown are maximum wait times (in weeks) as at end September 2016.

### DAY CASE AND ELECTIVE INPATIENT

Times shown are average wait times (in weeks) from Referral to Treatment (Outpatient wait times are included within this figure) for September 2016 admissions.

## Key contacts

### Surgery and Anaesthetics

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### Medical

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### Community

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