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Calderdale and Huddersfield **NHS**

NHS Foundation Trust

GP Update

LATEST NEWS FROM THE TRUST

SUMMER 2014 Number 28

Kate's lesson for the future

Amazing Kate Granger delivered two talks to staff at the Trust stressing the importance of good communications with patients and their families.

Both packed events were videoed to make a short film for inclusion in the Trust's induction presentation so Kate conveys her passionate and powerful message to all our healthcare staff.

Huddersfield-born Kate, a registrar at Leeds, has been diagnosed with terminal cancer and is using the experiences of the care she has received to try to improve communications between healthcare professionals and their patients.

Her campaign, which she hopes to take nationwide, has



the theme of "Hello, my name is....."

Kate said: "It is time to re-humanise coming into hospitals and a gentle introduction is a simple starting point. It is a little thing and one that is easily

forgotten but it does give such a good impression."

Our clinical lead for Children, Women and Families, Martin DeBono invited Kate to the Trust to promote better communications

across all areas – not just doctors and nurses.

He said: "Every single one of us who listened to Kate was moved and inspired by her very presence and what she had to say."

Theatre management e-system

A NEW electronic theatre management system is to be implemented across the Trust's 18 operating theatres, with a planned launch date of September 2014.

The new system – called Bluespир – will replace paper systems and will benefit patients, clinicians, admin and support staff.

The new system has the features to:

- Schedule patients from waiting lists onto theatre lists;
- Interface with other hospital systems;
- Capture meaningful clinical data such as cancellations and stock monitoring;
- Have tailored pre-loaded assessments from anaesthetic and surgical monitoring that make meaningful sense to clinicians; and
- Include automatic clinical coding

Trust's teaching hospital status renewed

The Trust has had its status as an Associated Teaching Hospital to Leeds Medical School renewed for another five years. The status is in recognition of the wide range of placement opportunities offered to medical students and the recognition that our teaching is of a high standard.

Chief Executive Owen Williams said: "The Trust is very proud to retain its teaching status and links to Leeds University. We have an excellent



It's official: Chairman Andrew Haigh and Chief Executive Owen Williams sign the Associated Teaching Hospital Agreement with Director of Leeds Institute of Medical Education, Professor Trudie Roberts

reputation in the field of teaching with our consultants sharing

good practice and supporting the next generation of medics

from all over Yorkshire."

The Trust's rating for 'overall satisfaction' in the 2014 GMC National Trainee Survey has also risen for the third year in a row.

Dr Andy Locket, Director of Medical Education said "This is a clear endorsement of the quality of teaching and experience we are able to offer. Our trainees are happier than ever and this is testament to the hard work of all educational supervisors and college/specialty tutors."

Nutrition week



NUTRITION and Hydration Week was celebrated at the Trust in May, with the focus on patients eating well and keeping hydrated as part of their care. Patient Robert Boardman is pictured above with healthcare assistant Nwigo Ugada.

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News Round-up

Review enters new phase

The health strategy review – Right Care, Right Time, Right Place – is now moving into its second phase.



Preliminary engagement on the provider service model proposal is now concluded. Providers and the CCG have talked to a wide range of stakeholders including the public, patients, staff, other providers including GP Federations, community pharmacy, Yorkshire Ambulance Service, the Out of Hours service and the third sector and an outline business case has been provided by the three providers for the joint commissioning groups for consideration. It is then their decision whether the options should go out to consultation and if so when this will take place.

The OBC describes five scenarios for delivery of a future service model. Over the next few weeks our local Clinical Commissioners will start reviewing the clinically led case for change developed by many Doctors, Nurses and Therapists from the three provider organisations. This is a significant moment in time. ● In the meantime CHFT has written to all GP practices offering to meet with them to have a more detailed discussion about the service model. If your practice would like a conversation please email catherine.riley@cht.nhs.uk

C3 gets under way

A new Child Healthcare Closer to Home pilot called C3, with the Trust working closely with selected GPs in Calderdale and Greater Huddersfield, has started.

It is aimed at delivering paediatric expertise and care in communities reducing the need for youngsters and their families to come into hospital for their care. Two children's community nurses (CCN) are now accepting referrals and work in partnership with GPs instead of children being referred directly into the hospital.

The Trust's C3 lead, paediatrician Dr Sal Uka, said: "The C3 clinics are not just an outreach clinic from the hospital in the community but a totally new way of working. There will be obvious benefits to



Advance Paediatric Nurse Ian Melling with Caitlin Radley, aged 11, and Lacey Dunne, aged six

children, young people and their families not having to travel to the hospital but should also build on the support they need to help look after themselves. This is a really encouraging joint venture with our GPs and should help transform the way we work together for the future."

There will weekly C3

clinics where children and young people will see a consultant paediatrician, GP, paediatric nurse practitioner and children's community nurse working alongside each other at two centres in Calderdale and one in Huddersfield.

● For more information contact Gill Harries gill.harries@cht.nhs.uk

Two awards for Gwen

Our Mental Health Practitioner in Calderdale Intermediate Care, Gwen Clyde-Evans has been given two top awards by the Calderdale Safeguarding Adult and Children Boards.

Gwen was nominated for the 'Innovation in Safeguarding' award by the police and health services for her work in driving a pathway between various services and improving the way domestic violence incidents are reported.

She has worked to promote the safeguarding of adults by providing awareness sessions to A&E and training for community staff who come across vulnerable victims of domestic abuse. She has set up community safeguarding meetings and works with a range of services to adopt new procedures, including West Yorkshire Police, Health Informatics and adult social care.

● Gwen also received the overall 'Champion Safeguarding Award' which is new for 2014, as recognition for the commitment and dedication she shows to her work, particularly around promotion of the Mental Capacity Act and Deprivation of Liberty Safeguards.



Personal, friendly and supportive

Our colorectal/stoma care team are a high-performing team based at HRI working at both hospitals and in the community.

In a Cancer Patients survey 2012/13 96% of patients said their clinical nurse specialist (CNS) gave understandable answers to important questions all/most of the time.

Providing a personal, friendly and supportive service is at the very heart of their work for our patients.

The team has recently introduced a Pathway Co-ordinator to the team who helps co-ordinate the



treatment pathways for cancer patients but also answers the telephone and co-ordinates the messages, allowing the team to continue their clinical commitments. The team consists of one full time CNS

clinical, five part-time CNS and two part time specialist health care assistants.

● If you would like to refer any patient for a stoma check, support, lifestyle or dietary advice, call 01484 355062.



From left: Julie Dawes, Staff Nurse Nicki Sayer and Sister Michelle Ball

New Director of Nursing in post

The Trust's new Director of Nursing, Julie Dawes, is now in post.

Julie, a cancer care nurse by background and originally from Hebden Bridge, joined us from Portsmouth Hospital in April, and succeeds Helen Thomson who retired after 25 years at the Trust.

Julie said: "My first impression is of a really loyal, committed staff at CHFT. For me a good nurse is someone with the combination of kindness and skills who gets alongside the patient, puts themselves in their shoes, coordinates their care and is prepared to go

the extra mile for them.

● The Trust also has a new medical director. Our director of infection prevention and control David Birkenhead has been appointed for the next 12 months and succeeds consultant oncologist Barbara Crosse in the role.

FOCUS ON... heart care at home

The Invasive Devices team in Cardiology at CHFT has received an award for their pioneering approach to remote patient monitoring to give patients care in their own homes.

This technology enables monitoring of patients in their homes or at work to connect them to the hospital clinic. Around 280 patients in Calderdale and Huddersfield have access to this service.

Different types of cardiac devices are now able to be followed up remotely. These include:

- Implantable Loop Recorders (ILR) – a small device under the skin which records patient's heart rates,
- Permanent Pacemakers – to correct a patient's slow heart rate,
- Implantable Defibrillators- to correct a patient's fast heart rate,



The heart team: from left, Chris Monaco, Vikki Bailey, Julia Dolphin, Nadine Balicki and Karen Morris

The hospital clinics at Calderdale Royal Hospital and Huddersfield Royal Infirmary are able to download the monitoring information from a secure network. Transmissions can be sent manually if the patient has any concerns or new symptoms on a scheduled arrangement.

Alert notifications will transmit a recording to provide earlier detection of clinically important issues. When a patient's device approaches replacement time remote monitoring gives up-to-date battery details when a download is received. ● Philip Bowden's ILR sent a lifesaving message to the base at Calderdale Royal Hospital the very first time he tested it. The retired lecturer from Fixby, Huddersfield was summoned in after a very delayed heart-beat of up to 10 seconds was diagnosed and this had been causing a series of previously unexplained blackouts.

home, giving patients and their family members comfort knowing that they are being monitored and that they will be supported if a problem arises.

Cardiology clinical services manager, Chris Monaco, said: "This is brilliant for our patients. They know we are monitoring them day and night and they also know if anything shows up which is irregular we get an alert and can call them in and act upon it.

"It means an end to all the repeated visits for outpatient check-ups in hospital and provides round

the clock reassurance for our patients."

Remote monitoring also means patients can send their information to hospital from anywhere in the world if they are travelling or on holiday. Home monitoring also enables early detection of any events that may reduce number of A+E visits and hospital admissions, and as events are detected this can reduce duration of hospital stay. Remote monitoring means the patient travels to the clinic in person only when necessary, reducing patient and hospital transport costs.

- Cardiac Resynchronisation Devices – to improve heart failure symptoms.

This service can significantly improve a patient's quality of life, giving peace of mind and delivers care right to the



Philip and Noelle Bowden

Karol and Carol cut the ribbon

Dr Karol Rogawski and ward clerk Carol Cooke were joined by colleagues at the opening of the SAU clinic room.

A new clinic room has been created at Huddersfield Royal Infirmary to ensure patients have a better patient experience when accessing the surgical specialities.

The ambulatory clinic is based in the Surgical

Assessment Unit and will deliver speedy care to patients who don't have serious or emergency conditions and don't need to be in a hospital bed. The idea is that patients will not need to wait in A&E for a bed on the unit.

The new clinic will run five days a week and will run on an appointments basis which is much more beneficial to patients. Patients will be directed

there from A&E or, if they are stable, given an appointment to attend at a later date for further diagnostics such as scans at their convenience. It means patients will be allowed home rather than waiting in hospital.

It is part of a national programme backed by the Emergency Services Collaborative to reduce the time taken to diagnose,



Dr Rogawski, right, and Carol Cooke, centre, with A&E and SAU colleagues

treat and discharge or transfer patients in A&E to the wards. The

clinic room will assist in achieving a reduction in diagnosis time.

Well done to...

...One of our Infant Feeding Advisors, midwife **Marilyn Rogers**, who graduates this summer with a PhD after seven years of study at Leeds University.

...Our paediatrician **Alistair Morris**, who is back at work after raising £5,600 for breast cancer charities in a unique take on the UK 3 Peaks challenge.

Waiting times update

Waiting Times Snapshot as at 30 June 2014

SPECIALTY	FIRST O/P	DAY CASE	ELECTIVE I/P
General Surgery	10	10	8
Urology	10	12	10
Trauma and Orthopaedics	10	11	11
Ear, nose and throat	9	10	13
Ophthalmology	12	11	9
Oral Surgery	10	8	7
Plastic Surgery	6	10	N/A
Pain Management	13	12	N/A
Gen.Med (Diab)	7	6	
Respiratory Med	8	Bronch's – 9	
Gastroenterology	9	9	
Haematology	5		
Cardiology	8	Angiography – 6 Pacemaker – 6	
Dermatology	N/A		
Nephrology	9		
Medical Oncology	1		
Neurology	9		
Rheumatology	9		
Elderly Medicine	5		
Paediatrics	8		
Gynaecology	5	10	9

Key contacts

Children, Women and Families

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01422 223121
Assistant divisional director Sajid Azeb
01422 222945

Diagnostic and Therapeutic Services

Divisional director Dr David Birkenhead
01484 347115
Assistant divisional director Emma Livesley
01484 355059

Radiology waiting times

as at 30 June 2014

	CROSS SITE PATIENT GIVEN THE FIRST AVAILABLE APPOINTMENT	CRH ONLY PERFORMED AT THIS SITE	HRI ONLY PERFORMED AT THIS SITE
MRI	4 WEEKS		
CT	2 – 3 WEEKS		
US MSK VASCULAR	5 – 6 WEEKS 5 – 6 WEEKS 5 – 6 WEEKS		
FLUOROSCOPY			
UPPER GI ENEMAS		4 WEEKS	4 – 5 WEEKS 6 WEEKS
NUCLEAR MEDICINE			
BONES CARDIAC OTHERS			4 WEEKS 10 WEEKS 5 WEEKS
Mammography		0 WEEKS	0 WEEKS
DEXA SCANS			6 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 of June 2014.

DAY CASE AND ELECTIVE INPATIENT

Times shown are average wait times (in weeks) from referral to treatment (i.e. they include the outpatient wait time within them) for end of June 2014 admissions.