New Director of Nursing Appointed

In our last edition was the notice of the appointment of our new Chief Executive Jacqueline Totterdell who takes up her new role in March 2011. Well, there is another change at the top in that we have appointed a new Director of Nursing to replace Sarah Ballard-Smith who leaves us in March 2011. Our new Director is Sue Hardy who joins us on the 4th April 2011.

Sue has been in the service of the NHS since 1981 and is at present Director of Nursing at Northampton General Hospital. She has been a registered nurse since 1984 and a midwife since 1990.

With all the changes in the NHS ahead I thought I would pose some questions about her vision but I started by asking about her move to Southend. “I am really excited about this opportunity. I am looking forward to settling down in Southend, I have found the people so friendly.”

So why Director of Nursing? Sue replied “I have always wanted to be in a position to make change happen. Patient care is the ultimate, quality is everything. I know the argument is lean methodology and patient care is at the heart of it.”

I asked what her priorities were, she replied “The first thing is to take stock, second to address and build on the work of Sarah Ballard-Smith and third to be visible - hands on” She continued “It is about doing things right the first time. You then get quality of care and patient satisfaction.”

So how will you ensure change happens? I asked. “I bring people with me and make things happen. I lead from the front, hands-on. Quality is everything.”

And what about the NHS changes which have been so widely broadcast? Sue replied “The NHS is going through massive changes but Southend is a very stable organisation where quality of care remains. The tight fiscal climate means we have to be better with less money. Whatever the circumstances patient care must remain the highest priority. I really look forward to joining and bringing my enthusiasm”.

Tony Guinness
Public Governor - Rochford
A Theatre

In the past as I have wandered round the hospital from time to time for appointments etc, I have often passed a set of double doors above which there is the sign “Main Theatres”. I wonder if you, like me, have not really taken much notice. As Tony Guinness, another of our Governors, and I were privileged to go through these doors we discovered Theatres are a world away from the rest of the daily hubbub. Around the corridors and behind the closed double doors there is a very large, very busy centre of activity. The whole of this section of the corridor is part of the theatre complex.

Each day starts at 8 am when the day shift theatre staff arrive and start checking equipment, dressings, other supplies, etc. At approximately 8.45 there is a team briefing session to review patients and their surgery. At this briefing the team are told of any last minute cancellations – whenever this happens another patient is called in at short notice so that the theatre slot is not lost. Every patient is seen by the anaesthetist prior to surgery who checks that it is the right patient and also that they understand what surgery they are having and why. They will also have attended the pre-operative assessment clinic and been screened for MRSA.

By 9 a.m. each theatre has started the day's list. As each surgical procedure has a predicted time, this determines the number of patients on the list for that session. There is a degree of flexibility in the schedule as some may take less time, and others may take longer. It is only when a significantly longer time becomes necessary during surgery that it may have an impact on the number of planned operations.

At the end of the operation the theatre is cleaned and all instruments and dressings counted and removed – single use equipment is disposed of and re-usable instruments are sent via a chute for sterilisation. Each patient has their own tray of surgical instruments. Any specimens/biopsies are taken to pathology twice a day. At the end of the morning session the theatre is thoroughly cleaned again ready for the afternoon list, and then again of course ready for any evening surgery. As you can appreciate there is a team of 'back room boys' who are responsible for ensuring the theatres are well supplied with equipment, instruments, dressings, etc which is essential for the smooth running of theatres and there are a number of storage rooms for this.

There are ten theatres altogether numbered 1 to 8 with two new theatres A and B. Each operating room is used for different specialities - for example 8 is mostly used for Ear Nose and Throat surgery, whilst theatres 3 and 4 are used by Gynaecology. Theatre 6 is for vascular procedures and theatres A and B specialise in orthopaedic surgery as they are equipped with a laminflow system that pushes air down onto the patient to keep the area sterile. Theatre 7 is one of the larger general operating rooms and ideal for laparoscopic (also known as keyhole) surgery.
Each day a different theatre is designated for emergency surgery. If more than one emergency arises, patients listed for that particular theatre are reviewed and prioritised and those patients who are having elective procedures may be cancelled if necessary to make room for the urgent surgery. The theatre used for children is located nearest to the unit entrance so that children come in and are quickly taken through for anaesthesia so that they are not unnecessarily upset. Each theatre has an adjoining anaesthetic room where patients are taken to go to sleep before going into the theatre. In the case of children, a parent is allowed to stay with their child until they are asleep. Typically each theatre has a Consultant Surgeon, an Anaesthetist, a Scrub Nurse, a runner (normally a Health Care Assistant) an Operation Department Practitioner (ODP) and a Theatre Support Worker (TSW). It was a privilege to meet a father and son ODP and TSW working together at Southend!

During our morning we were able to talk to Mr Dworkin, Consultant Surgeon and Dr Simpson, Consultant Anaesthetist. Mr Dworkin told us that increasingly surgery is moving towards laparoscopic operations across many specialities such as gynaecology, appendectomies, hysterectomies and also gall bladder surgery etc. Although the cost of the single use equipment is high this is easily offset by the minimal bleeding in this type of operation which means patient recovery time is shorter and so the length of stay in hospital is also shortened which again reduces costs.

Tony and I would like to express our thanks for the time, explanations and help given to us by Mr Dworkin and Dr Simpson as well as the other team members. It was a real privilege to be able to spend time in Theatres as this is an area not normally seen at work.

Valerie Powell
Patient Governor - Rochford
As John Gilham, our CEO retired at the end of February, we on the editorial board thought it would be appropriate to ask him about his time not only at Southend hospital but also in the NHS generally. John has been involved in healthcare for some 35 years so we were interested in how his journey through the NHS progressed. This is a précis of his story...

I was raised in the east end of London. I joined the NHS in 1977 at the Queen Mary’s hospital Stratford. I had various junior management posts between 1977 and 1986 at Humana Hospital Wellington at St John’s Wood, Cromwell Hospital and then in 1986 I joined Rush Green hospital as a general manager. I began working with a very respected vascular surgeon Martin Spiro. I needed to bring change to Rush Green and introduce day stay surgery. I knew Martin and many others were against such change and realised the only way for change to happen was to bring the clinical staff with me. They agreed to a trial and it soon became apparent that this improved patient’s experience and general care and they could be treated quicker. Medical staff thankfully could see the benefits of this change. This was a big learning point to me in that if you want to introduce change in health care you need to understand why people are against it and try to understand their concerns and address them.

After Rush Green in 1986 I went across to Oldchurch hospital where I became the Deputy Unit General Manager. After about a year I became the Interim Unit General Manager. This effectively gave me responsibility for three hospitals in a group. In 1991/2 there was a requirement for Oldchurch to establish itself as an NHS Trust which was an early runner to becoming a Foundation Trust. This would give the hospital autonomy.

I had a variety of roles in this new Trust which now included the Harold Wood hospital and became known as Havering hospitals. I became General manager for medicine, project manager for resource management and director of operations. I eventually became deputy chief executive and director of corporate development. I stayed there until 2000 when I joined Broomfield hospital as Deputy Chief Executive. I worked closely with the clinical team to design the new hospital we see now.

In 2002 I was asked to take on the role of Acting Chief Executive at the Princess Alexandra hospital in Harlow. My main task was to retain a star rating of 'one' for the hospital and improve the financial projected outcome. Both of these were achieved. In April 2003 I was appointed as the Chief Executive. Whilst here I became interested in what is known as ‘lean management systems of reliability science’ or sometimes called the ‘Toyota management system’. I left to come to Southend in 2006 having achieved a 2 star rating and a couple of million pound surplus.

The biggest change I have seen, and been involved with in change, is that when I joined Rush Green I was asked whether I could reduce waiting times for orthopaedic procedures, principally hip replacements and some dental treatments down to 5 years for what was an average wait at the time of 7 years. Today I can still recall some patients had waited 10 years! The position in todays NHS is that we have 90% of our in-patients being referred and treated within 18 weeks.

Also Rush Green was an infectious disease hospital, that is, some wards were in the open! During my time in the NHS I have seen, and been involved with, massive changes in the way care is delivered. The biggest lesson is that if something seems just not possible in healthcare actually it can become quite possible. This has taught me never to assume things are impossible and we can push the boundaries as long as you are engaging with staff to define that journey and make it happen.

It is a question today of what can't we do rather than 30 years ago it was what can we do?

I asked John what changes he had made during his time at Southend. He replied "that is for others to decide but one thing is I have driven all my team mad with the term 'caring, reliable, effective and safe'. This sums up reliability science".

So what now John I asked? "More home time, more time with my family and perhaps helping other organisations on a part-time basis implement lean management systems."

On behalf of the Governors - Happy retirement John!

Tony Guinness
Public Governor - Rochford
Nationally, there are an estimated 700,000 people with dementia in the UK with numbers set to rise. The Alzheimer’s Society provides information and support for people with all forms of dementia and those who care for them. It runs quality care services, funds research, advises professionals and campaigns for improved health, social care and greater public awareness.

Locally, Southend and District Alzheimer’s Society promote “Living well with dementia” and aim to bring people together to reduce isolation, improve well being and promote an understanding and awareness of dementia within the community.

This is being achieved by offering a range of support groups open to those with dementia, their carers, family and friends.

- The “Dementia Café” support groups provide an opportunity to gather information, meet others and share experiences. A guest speaker and a member of staff from the memory clinic are always in attendance for additional information and support.
- The Peer support groups provide emotional support for those living with dementia their carers and families.
- The Memory Groups are primarily for people with memory problems although carers are also welcome to attend. Each session includes a selection of entertainment, games and activities to encourage conversation, inclusion and reminiscence.
- Lunch groups provide an opportunity to meet with others who may be experiencing similar difficulties to meet for a meal and a chat.
- A monthly Social Evening provides time for entertainment, demonstrations and talks.

For details about any of these groups, please contact:

Southend & District Alzheimer’s Society
St Lukes Place
Dalys Road
Rochford
SS4 1RA
01702 549319

Alzheimer's Society
National Dementia Helpline: 0845 300 0336
E-mail: janice.farrant@alzheimers.org.uk
Website: www.alzheimers.org.uk

Future Members’ Meetings
Details of Members’ Meetings are now available on our web site at: http://www.southend.nhs.uk/Membership/Member+Meetings/

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<thead>
<tr>
<th>Date</th>
<th>Venue</th>
<th>Speakers</th>
<th>Doors Open</th>
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<tbody>
<tr>
<td>15th March</td>
<td>Main Hall, Clarence Road Baptist Church, 6 Clarence Road, Southend SS1 1AN</td>
<td>Ms Jo Robinson, Stroke Specialist Dietician Consultant, Jacquie Totterdell (Chief Executive)</td>
<td>7 pm</td>
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<tr>
<td>14th April</td>
<td>Mill Arts &amp; Events Centre, Bellingham Lane, Rayleigh SS6 7ED</td>
<td>TBC, Jacquie Totterdell (Chief Executive)</td>
<td>1 pm</td>
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<tr>
<td>16th May</td>
<td>Greensward Academy, Greensward Lane, Hockley SS5 5HG</td>
<td>Dr Tony O’Brien (Clinical Director for Medicine) - Healthcare in the community for older people, Jacquie Totterdell (Chief Executive)</td>
<td>7 pm</td>
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<tr>
<td>21st June</td>
<td>Community Hall, Westwood Primary School, Beresford Close, Hadleigh SS7 2SU</td>
<td>Clinical presentation tba, Malcolm McFrederick (Director of Operations)</td>
<td>7 pm</td>
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<tr>
<td>13th July</td>
<td>Balmoral Community Centre, Salisbury Avenue, Westcliff-on-Sea SS0 7AU</td>
<td>Clinical presentation tba, Jacquie Totterdell (Chief Executive)</td>
<td>7 pm</td>
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<tr>
<td>26th July</td>
<td>Lake View Hall (Winter Gardens Primary School), Hilton Road, Canvey SS8 9QA</td>
<td>Clinical presentation tba, Jacquie Totterdell (Chief Executive)</td>
<td>1 pm</td>
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All welcome but please confirm attendance so we can cater for refreshments on arrival

Telephone: Freephone 0800 0185202email: foundation.members@southend.nhs.uk
Governor Elections

Enclosed with this issue you will find a letter from John Bruce (Trust Chairman) to inform you of Governor Elections due shortly. It includes a brief outline of Governors’ responsibilities. We have also asked Miriam Schramm (Public Governor for Rochford) to share her experience in her first year as Governor – see below.

The Hospital view is that members are our legal owners who elect the governors to ensure the directors are doing their job properly. All members can vote to elect a governor for their membership category within their constituency. Any member can stand for election as a governor in their membership category within their constituency. Nomination forms will be available at the end of March but if you are interested or would like further information please contact the Foundation Trust Secretary. (Contact details are on Page 8)

Les Catley
Public Governor - Rochford

New public governor statement

I became a public governor of Southend hospital last June, as I wanted to be involved in the way the hospital serves the local population. After an induction and a large folder to read I was ready to be a governor as I thought.

As a governor I have joined the Education and Training committee and have really enjoyed talks from the consultants about their specialism, and also to be involved in knowing that training is a priority at Southend.

I also have been involved in the appointment of the new chief executive director which was a very interesting and rewarding process very well organised and most of the governors attended the meet and greet day. I also was involved recently in the appointment of a non-executive director, another rewarding process.

I have been very impressed by the dedication of all the governors and the Trust staff who have made all the new governors very welcome and helped us settle in. I am enjoying this new venture and enjoy being involved in the hospital in this way.

Meeting members is also another enjoyable experience of which I will be doing more now that I feel more at home with this role.

Miriam Schramm
Public Governor - Rochford

An Apology from Virgin Trains

Members may recall a recent radio advertisement for Virgin Train services when a couple were bemoaning other unsatisfactory train services. Suddenly one of the two people in the advertisement began to speak in a burbling voice and, because of this, the other person said that the burbling companion was turning into a ‘zombie’.

Having contacted Virgin Trains, I pointed out that some stroke victims and speech challenged people were only able to communicate in a burbling but in no way whatsoever should this symptom be connected with turning into a ‘zombie’. The inference in this advertisement could have caused distress and offence to people with burbling speech, through no fault of their own, or their families.

I complained to Virgin Trains on these grounds and they replied apologising that the advertisement may have caused offence or distress and that comments made would be taken into account when forming future advertisements.

I wished to share this response from Virgin Trains with any member who may have been distressed by the advertisement.

It is right to add that Virgin Trains have responded carefully and sensitively to the complaint made and have apologised. Thanks are due to Lee Thacker of the Chief Executive’s Office at Virgin Trains for dealing with this matter and to their relative departments who have approved this article.

Carolin Dodds
Public Governor - Castle Point
Questions from our members' meetings

John Gilham’s (CEO) questions:

Q  When a person goes into hospital are they a client, a customer or a patient?
A  We should treat them as patients, but they deserve respect as a person.

Q  There’s been a lot of press regarding too many bureaucrats and how much they cost?
A  Some of the cost increases are due to systems put in place a while ago; there is always room for improvement, but we don’t think we are ‘over-managed’.

Mr Niral Karia’s (Consultant Ophthalmologist) questions:

Q  A colleague of mine has glaucoma and we have read in the newspapers that there are improvements to treatments in ophthalmology such as stenting etc. Is Southend Hospital NHS Trust involved in this?
A  There are gold standards for glaucoma treatments and anything new must be tested extensively. Rest assured that Southend Hospital NHS Trust will be at the forefront of any developments.

Q  Is glaucoma a reversible condition?
A  No

Q  I have used the eye department 3 times over the years and I must say it has improved. I would like to know why all the various clinics etc must stay on-site at the main hospital, things such as diabetes and glaucoma monitoring.
A  This is something we are considering. We are aiming for a “hospital without walls” – i.e., having monitoring clinics in local communities. However, there is not the funding for duplication of all the technology used.

Malcolm McFrederick’s (Director of Operations) questions:

Q  You spoke recently about strengthening patient discharge. I think there is room for improvement in co-operation between wards and the pharmacy. You have situations where the Consultant tells a patient at 10:00am that they can go home when they have their tablets and 5 hours later that patient is still waiting for their tablets. I am told that the reason is because they collect the tablets which are due to go to the wards. They are sealed in packets and one person goes round each ward. If you are in a ward at the end of the round you are waiting a long time. That is not very good.
A  I am told that this is the process which comes with going home. The prescriptions and discharge notes are going through the doctors and there are set times a day to do this work. Why do we wait for Consultants? We should be saying “we should be writing prescriptions the day before the patient goes home”. We are now seeing how we can change this.

Clinical Questions from 28th September

Q  Is there a difference between healthy cells and cancerous cells to x-ray?
A  Yes, cancerous cells are much more vulnerable to x-ray.

Question from a Member Meeting 27th July 2010

Q  If you have a pacemaker fitted is it possible to still have an MRI?
A  Pacemaker’s generally aren’t MRI safe. There are now two companies investing in producing an MRI safe pacemaker but they cost in the region of £3,000 so there are only a few patient’s with them fitted.

Newsletter eMail Appeal

The present economic situation means that the Hospital needs to reduce costs in all areas. The Future editorial team faces a choice of reducing the number of issues per annum from 4 to 3 or reducing the cost of postage and printing. If we could significantly increase the number of copies sent by e-mail we can continue to issue quarterly.

You can help us by sending your e-mail address to newsletteremailappeal@southend.nhs.uk. Each quarter we will send you an e-mail with a direct link to the latest issue enabling us to save on printing and postage.
Thanks to panel members.

In the last edition of this newsletter members were asked to volunteer to join Member Panels to enable governors to consult them on various issues up to four times a year. There was a very good response and the volunteers have all been contacted by mail or email for their views on three specific issues. The responses have been analysed by the governor led Strategy Group and forwarded to the hospital executive for consideration in any future development decisions. The governors would like to thank all the volunteers for their help and advise that further questions will follow later in the year.

NHS DISCOUNTS

NHS Discounts is a national scheme that offers NHS staff discounts on a range of website and high street stores ranging from clothing and electrical goods through to insurance and days out through the NHS Discounts website www.nhsdiscounts.com

If you haven’t joined already, you can join NHS Discounts on their websites and take a look. All you need to do to register is follow the registration directions on the site where you need to fill in your name, email address and other details including a security question.

Then, when prompted, answer the following questions as below:

Do you work in the NHS – YES
Organisation type – NHS Trust
Job category – Foundation Member
Organisation/Trust name – Southend University Hospital NHS Foundation Trust
Postcode – SS0 0RY (you should be able to find the address from the options it will provide you with).

That’s basically it, NHS Discounts will confirm your membership and then you can browse the site and take advantage of some of the offers that are available to the NHS.