



Running the road to recovery

Welcome

Hello and welcome to the third edition of The Pulse magazine.

This edition demonstrates the sheer diversity of life and work within our Trust.

Our members of staff are constantly coming up with new ideas and ways of improving patient care.

For sheer determination and courage, it's hard to beat the story of Jennifer Ireland, one of our Clinical Nurse Specialists, who is featured on our front cover. Despite being told she might never walk again after a horse-riding accident, Jennifer has battled her way back to fitness and is planning to run a half-marathon for charity. She is a shining example to us all.

I'm delighted to report that the Trust is backing Blackpool's bid for Fairtrade status and that members of staff are supporting this work.

Several interesting pilot schemes are underway including one designed to reduce the number of patients needing blood transfusions during routine cardiac operations and another to tackle self-harm amongst children and young people.

One of our surgeons is leading the way with new cochlear implants which can give people their hearing back and our Simulation and Skills team has been given a special award for health education.

It's great to have some feedback from patients about the care they receive through the Trust. This edition's Patient Experience story features the views of three women who are recovering from oesophageal cancer. I'm glad to read that they thoroughly appreciate the care we have given them.

Gary Doherty, Chief Executive



In this issue

Marathon effort for injured nurse

A Clinical Nurse Specialist, who sustained multiple injuries and was told she might never walk again after a horse-riding accident, is in training to run a half-marathon — **Page 5**



Sim-ply amazing team

The Trust's Simulation and Skills department has been given a double boost in the form of accreditation and funding — **Page 9**

Transforming patient care

A team which works with gravely ill patients is teaching members of staff how to improve end of life care — **Page 11**



Implant is music to the ears

A pioneering consultant at the Trust has successfully fitted patients with a new type of implant which greatly improves their hearing — **Page 20**

Put your finger on it...

Here's where you'll find our regular features. If you're reading this online you can click the sections and flip straight to the page.

Latest News.....	4-11
News in Pictures.....	10
Viewpoint.....	12
Patient Experience.....	16-17
Team in Focus.....	20-21
Information Governance.....	22
Lessons Learned.....	24-25
Health and Safety.....	26
Blue Skies Hospitals Fund.....	27
Staff Stories.....	28
Away from the Trust	29
Under the Spotlight.....	29
Staff Lottery.....	31

Help us tackle domestic abuse

THE parents of murdered Blackpool nurse Jane Clough have backed the launch of a new domestic abuse policy for hospital staff.

John and Penny Clough, whose daughter, 26, was murdered by her partner Jonathan Vass outside Blackpool Victoria Hospital in July 2010, have helped the Trust formulate the new campaign which has been called 'You Don't Seem Yourself'.

John said: "Jane paid the ultimate price for domestic abuse and was one of the two women a week who are murdered by a partner or ex partner in a domestic abuse situation.

"We lost someone very special to us and it is now our mission to help people avoid going through what she did and the legacy that left for her family. We are delighted that we have been able to help the Trust develop its policy to help protect its workforce.

"When Jane became a victim we didn't notice the signs to start with, but we have become so much more aware now. We thought it always left a bruise, but it doesn't. There are so many more signs such as a change in personality that, with hindsight, we might have spotted.

"Jane was a different person during the abuse, constantly texting and becoming more isolated and looking back the signs were there, but we just didn't spot them."

Penny added: "If we can get people to see the signs in their colleagues and mention that there is help and support at hand at the Trust and through other agencies, it could make a massive difference to that person's life.

"Anyone can be a victim. We thought we were too nice a family for anything like this to happen to us.

"One in four people have cancer, similar figures to domestic abuse, and there will be someone out there suffering and if you can recognise these signs, you can be a great help."

Nicky Ingham, Director of Workforce and Organisational Development at the Trust, said: "In creating a great and safe place to work, we need to ensure that we are supporting our staff proactively.

"This campaign will raise the awareness of what support is in place for staff and to provide staff with a simple but effective way of asking colleagues if they are okay. There is more to do, but we have made a great start with the support of both Penny and John."

The Trust is also launching a 'Going the Extra Mile Award' in memory of Jane.



Penny and John Clough with Alex Latham, Learning and Development Manager at Blackpool Teaching Hospitals NHS Foundation Trust and the new Going the Extra Mile award in honour of their daughter Jane

Speak directly to your Comms team

For advice and assistance with communications, promotional activities, stories and photographs email:

Communications@bfwh.nhs.uk



Derek Quinn,
Head of Communications
01253 95 6941
Derek.Quinn@bfwh.nhs.uk



Nathan Skelton,
Communications Support Officer
01253 95 3538
Nathan.Skelton@bfwh.nhs.uk



Alison Bott,
Communications Officer
01253 95 3059
Alison.Bott@bfwh.nhs.uk



Ingrid Kent,
Communications Support Officer
01253 95 6875
Ingrid.Kent@bfwh.nhs.uk

Follow the Trust on Twitter: @BlackpoolHosp Facebook: Facebook.com/BlackpoolHospitals YouTube: www.youtube/

News in brief

Skin cancer warning



Michelle Forsyth and Tony Eaton

You don't have to sunbathe to be at risk of burning.

That's the message from skin cancer nurses as they urge people to be more aware of the risk of getting sunburned whilst out gardening.

Michelle Forsyth, Macmillan Skin Cancer Care Co-ordinator, is on a mission to target people who work outdoors either as a profession or as a hobby. Michelle has been visiting garden centres across the Fylde coast to remind gardeners of the need to use protection when spending long periods in the garden.

Skills room revamp

Undergraduates working in the Trust can make use of the newly refurbished training room in the Simulation and Skills Centre.

The room has had new equipment and workbenches added so that regularly used equipment is always out and ready to use.

The room also houses all the Trust policies and procedures for people to follow when carrying out a medical procedure.

There are also study aids provided by Liverpool University.

Simulation and Skills staff are also on hand if you would like someone to show you anything.

To contact them to book a session email Clare.Walden@bfwh.nhs.uk

Hospital supports bid for Fairtrade status

Blackpool's bid to become a Fairtrade town was promoted during a special event.

The Trust is part of Blackpool Fairness Commission's Fairtrade Steering Group. The commission is currently working towards Fairtrade status for the town.

That means the Trust supports the sale of Fairtrade products which ensure the producers get a fair price for their products.

A stall raising awareness of Fairtrade was set up at Blackpool Victoria Hospital on Wednesday, February 25.

Yvonne Widdows, Senior Site Supervisor for the Trust, said: "We are working in partnership



Members of staff and representatives from the Fairtrade Steering Group at the event at Blackpool Victoria Hospital

with Blackpool Council's Fairtrade Steering Group to gain Fairtrade status for Blackpool.

"The idea is to support and promote Fairtrade. It's nice for our customers to have the opportunity to purchase Fairtrade products."

Fairtrade items are now available at the restaurant at Blackpool Victoria Hospital.

Pack helps students on placement

A new pack has eased the tension and nerves of Occupational Therapy Students starting placements at the Trust.

The Occupational Therapy team formed a working group to look at current practice and resources for BSC and MSC students. It also aimed to identify the training and development needs of staff working within this area.

They were given six months to create a way to ensure students coming to the Trust had the best experience possible.

In that timeframe the group produced a practice placement pack and has ensured a commitment from the OT team that by the end of 2014 all educators would be COT APPLE accredited (College of Occupational Therapy Accredited Practice Placement Educators).

Practice Development Occupational Therapist Caroline Livesey, said: "The packs were created with aims and learning objectives of the universities in mind.

"This provides a flexible structure and enables the educators to adapt and pace the placement for individual students, whilst providing clear



Caroline Livesey (left), with the working group behind the practice placement packs

expectations and a visible pathway for the student to progress through."

The placement pack is designed for use by educators and students to provide up to date information in a standardised format, ensuring quality whilst saving clinical time.

The pack is divided into three sections, pre-placement information, placement information and post placement information. Student feedback has also been positive and was born out by the 100 per cent satisfaction report received by the team from the University of Cumbria in their annual placement review.

Brave Jen runs her way back to fitness

A Trust Nurse who was told she might never walk again after a devastating horse-riding accident has battled on despite her injuries and is preparing to take part in a half-marathon later this year.

Jennifer Ireland, a Clinical Nurse Specialist in Cardiac Rehabilitation at Blackpool Victoria Hospital, was training a new horse nearly four years ago when it suddenly reared, throwing her off its back before falling on top of her.

She broke her pelvis in three places, snapped her sacrum and sustained multiple internal injuries.

She said: "I was working on the hospital's Acute Medical Unit at that time, so I was just concentrating on not listening to what the paramedics were saying. I just kept thinking 'I can feel my legs, so I'm not paralysed'.

"Through being a nurse I knew I was becoming unwell as my heart rate increased and blood pressure dropped. I started being sick and it took the paramedics an hour and 40 minutes to stabilise me before I could be airlifted to Preston. It was there that I was told the significant state of my injuries."

Doctors told Jennifer, now 47, there was a possibility she would never walk again as she was just 1mm away from being paralysed. She spent three months in a wheelchair but after intense physiotherapy she started using a Zimmer frame and then crutches to rebuild the strength in her legs.

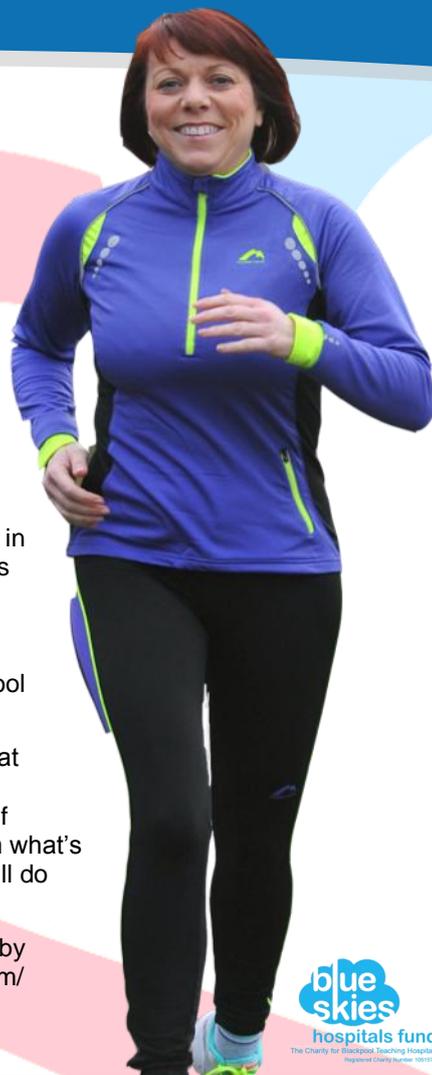
"I don't like to be told I can't do something," she said.

And her mantra has kept her going, so much so that in the space

of just one month she completed two 10km races this year and is now in training for the Fleetwood Half Marathon in August. Jennifer is running the half marathon in aid of Blue Skies Hospitals Fund's Heart of Gold Charitable Fund, which supports the Lancashire Cardiac Centre at Blackpool Victoria Hospital.

She said: "Just running that distance will be a huge achievement for me, and if someone can benefit from what's happened to me, then I will do this for them."

You can support Jennifer by visiting www.justgiving.com/Jennifer-Ireland2.



Jennifer Ireland on a training run. This picture and front cover image, which also features Jennifer's husband, are reproduced courtesy of The Gazette, Blackpool

Scheme aims to identify anaemia before routine operations

A new pilot scheme is underway that will potentially reduce the number of patients needing a blood transfusion during routine cardiac operations.

Around a quarter of patients having cardiac surgery at the Lancashire Cardiac Centre at Blackpool Victoria Hospital, are anaemic.

The new pathway aims to identify and treat those patients before their operation.

Erica Bates, a Senior Clinical Perfusionist, spearheaded the scheme as part of a project to protect patients from the risk of blood transfusions during surgery.

A new patient pathway was developed by bringing together different specialities including the Trust's blood bank team, the Regional Transfusion Committee and the National NHS Blood and Transfusion Group.

It brings together a range of teams from around the Trust



The team behind the anaemia pathway is made up of a range of disciplines

including the community nurses who will be delivering the treatment.

Erica said: "The patient will have a blood test when they are first told they need an operation.

"If they are found to be anaemic they will be put on the pathway."

The pilot in Blackpool is being run for cardiac surgery patients, but if it is successful it will be rolled out by the Trust and could be adopted nationwide.

Self-harm pilot project aims to help young people and children

Young people and children who self-harm are being given extra support thanks to a pioneering pilot project at Blackpool Victoria Hospital.

The project also aims to reduce the number of hospital admissions of young people and children who self-harm.

Fiona Jones, Patient Experience Officer responsible for Child Health at Blackpool Teaching Hospitals NHS Foundation Trust, said young people were frequently admitted to hospital with self-harm issues.

Fiona said: "We regularly meet young people who self-harm as a way of coping with issues and emotions so we have set up a pilot project on our Adolescent Unit and Children's Wards.

"Working with Blackpool Council we highlighted the numbers of children and young people attending hospital for reasons of self-harm.

"The project started in February as a six-month trial to introduce additional support and brief interventions to these children and young people and their families with a look to continuing the project in the future."

Every young patient who attends the hospital for self-harm issues is being offered distraction activities.

This enables the young people to explore alternatives to their methods of self-harm.

Jane Heys, a Staff Nurse on the Children's Wards, worked with a young patient who often self-harmed and came up with the novel idea of 'Distraction Boxes' for the young people to use.

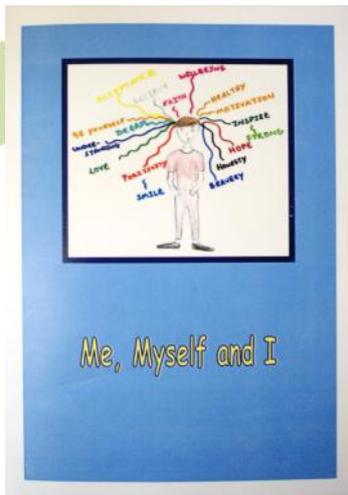
The boxes are full of items such as relaxation tapes, stress balls and battery operated candles to help the young person relax.

They also contain items such as rubber bands to ping against the skin and rough mitts which mimic some of the sensations of self-harm, but without the risk.

Fiona said: "These are tried and tested techniques recommended by organisations such as the National Self-Harm Network and other young people with similar experiences.

"Support staff, including our nurses, play workers and now youth workers from the local authority, will also work alongside the assessments and therapies offered by the Child and Adult Mental Health Services (CAMHS) to help the young person keep themselves safe.

"This includes distraction techniques, creating personal safety plans, identifying people around them that they can get support



One of self-help booklets for young people at Blackpool Victoria Hospital



Staff Nurse, Jane Heys, in the Adolescent Unit at Blackpool Victoria Hospital with some of the items from one of the 'Distraction Boxes' she helped to create with a patient

from and other agencies available and exploring the many mindfulness self-help applications offered on phones and tablets.

"It is hoped that the outcomes of the project will minimise the risks of self-harming and promote emotional health and wellbeing."

Councillor Eddie Collett, Blackpool Council's cabinet member for Public Health, said: "This project is a good example of the Council working together with the hospital to ensure that young people who are self-harming get the support they need both in hospital and in the community.

"One of the aims of the pilot is to increase young people's mental resilience to enable them to deal with life's challenges, which is part of our wider Headstart project."

When the project comes to an end in July of 2015 the figures will be reassessed to see if the awareness project has had an impact on the number of young people who are readmitted to Blackpool Victoria Hospital's Children's Wards and Adolescent Unit for self-harming.

Team scoops research award

A consultant and his team from Blackpool Victoria Hospital have won an award from a national clinical research organisation.

Dr Peter Isaacs and his colleagues have been praised for their commitment to research at the Trust's Gastroenterology Department.

The award from the National Institute for Health Research (NIHR) names Dr Isaacs as a 'Leading Commercial Principal Investigator'. Recent research studies in the Gastroenterology Department have trialled drugs for patients with cirrhosis of the liver and ulcerative colitis.

Dr Isaacs said: "The award from the NIHR was

a team effort. They looked at researchers from across the country and decided who was most successful at recruiting patients into studies.

"The hospital has a proud record of research into most of the major specialisms such as Cardiology, Oncology and Haematology.

"The hospital also has a reputation with clinical research organisations for delivering on time and on target."

Michelle Stephens, Research and Development Manager, said: "It is rewarding to see our Investigators and Research Nurses receive national recognition for the work they do to bring new treatments to our patients."



Dr Peter Isaacs

Mobile ventilators help with earlier rehabilitation

Patients at Blackpool Victoria Hospital are benefiting from new portable ventilators.

The Trust has taken delivery of two specially adapted ventilators that will allow patients in intensive care to begin their rehabilitation much earlier than would previously have been possible.

The ventilators have an inbuilt compression machine that makes it far easier for patients to get on their feet in the early stages of their recovery.

Nicky Williams, Intensive Care Rehab Co-ordinator, said: "All the latest research shows that the sooner the patient is mobilised during their recovery from critical illness the less complications and quicker their return to health.

"These ventilators make that more possible as it is now far easier for them to get on their feet and undertake some rehab which is much better for the patient's recovery.

"Without the compression machine it required a lot of effort to move any patient and a lot of equipment and staff, but it is far easier now."



Nicky Williams with a patient using the new portable ventilator



TV turns lens on Gastro

Asian TV company, Ummah, has been filming in the hospital's Gastro Unit in a bid to drive home a serious bowel cancer message. The unit is trying to ensure more men take up bowel cancer screening and the TV programme is just one of a number

of initiatives the unit has organised. Pictured are, screening practitioner Louise Johnson, patient Tony Jo, BCSP specialist Shahida Hanif and Aamir Suhail and Syed Taj from Ummah. The programme will be televised on April 12.

Paediatric Diabetes team's work recognised in Parliament

The Trust's Paediatric Diabetes team was recognised for its innovative work in juvenile diabetes at the House of Commons in March.

The Trust was instrumental in devising and piloting a health care plan which formulated an individualised care 'manual' for youngsters who suffer from diabetes which ensured educational staff know what to do to manage a young person's condition.

Blackpool Diabetes Specialist Nurse, Sandra Singleton, was asked by the Children and Young People's Diabetic North West Network to head up a sub-group to design the care plan which is now used nationally and is promoted by both JDRF (Juvenile Diabetes Research Foundation) and Diabetes UK.

The Trust was part of a select group of professionals invited to an All-Party Parliamentary Group for Diabetes to hear a report outlining key recommendations for the future of structured education in diabetes.

Diabetic Specialist Nurse, Ismail Dalal, who represented the Trust at the event, said: "This has really raised the profile of the Trust and the work it does around diabetes.

"The fact the care plan was developed in Blackpool is a massive achievement.



Ismail Dalal with Adrian Sanders MP

"The care plan means every child in the country has access to a standard, individualised, work plan which is easy to follow for teaching staff, parents and school nurses.

"The plan is comprehensive and gives the right advice in the case of an emergency. It's a step-by-step guide to the daily management of diabetes pupils during a school or college day."

Sandra Singleton has also been shortlisted for a Nursing Standard Award.

The annual Nurse Awards highlight and celebrate excellence in nursing and identify exceptional nurse professionals

who demonstrate clinical excellence and innovation and improve the quality of patient care.

Sandra has been shortlisted in the Excellence in Diabetes Specialist Nursing Award alongside the Children's Diabetes The winners will be announced at the Nursing Standard Nurse Awards ceremony on Friday, May 1, 2015 at the Savoy, London.



Sandra Singleton

The Better Care Now programme continues

Better Care Now involves looking at solutions to reduce delays within the in-patient journey and the development of new models of care to support patients to remain at home.

The initiative also helps to avoid emergency admissions when it is safe and appropriate to do so.

All Better Care Now projects are designed to improve patient outcomes and deliver a positive experience of care for patients.

The aim of the Flow portfolio is to explore the relationship between patient flow, outcomes and quality of care.

It does this by examining patient flow through the patient care pathway and developing ways in which to improve.



Initial workshops on January 12 and 13 brought together senior leaders, clinical staff (seven Consultants, Senior Nurses, Junior Doctor, Senior Managers and project teams to look at addressing delays in the patient journey including:

- Data analysis to understand the system and the size of any problems.
- Identifying a range of solutions in different settings including improving assessment, ward based processes and discharge.
- Enhanced supported discharge aims to be a new service which offers suitable patients the opportunity to recover within the comfort of home. This complements the out of hospital IV service which continues from last year.

- Full scale implementation of successful changes in the years 2015 and 2016.

Double boost for Sims and Skills team

The simulation and Skills team is celebrating after being recognised for the quality of the training it provides.

The department, which trains clinical staff at all levels by offering courses and hands-on simulations, has been granted North West Simulation Education Network (NWSEN) accreditation. It is one of only five centres to achieve the new accreditation which was introduced last year.

The team was inspected and tested and the depth of training available scrutinised. The accreditation was given in recognition that the faculty members are experienced, provide evidence-based programmes and have the highest level of management and governance within the Simulation Centre and simulation education.

Clinical Skills Facilitator (Lead for Simulation) Jo-Anne Halliwell, said: "This is huge for us. We are really thrilled.

"We have worked hard to create a professional standard of education for all levels. It's not just students and juniors we target our work at. Anyone can come to us and request a simulation on almost any situation."



The Simulation and Skills team (including Sim-Man) with their certificate

Just weeks after being given a top accreditation the simulation team has been awarded more than £56,000 to expand its in-situ training programme.

The money comes from Health Education North West the Local Education and Training Board (LETB) for the North West of England. The organisations is responsible for improving the quality of education and training outcomes so that they meet the needs of service providers, patients and the public and develop a workforce responsive to changes in care, now and in the future. The funding will provide mobile camera equipment and a new mobile 'Sim-Man' mannequin that is so full of technology it can play the role of practically any patient in any scenario.

Quiet please... our patients are trying to rest!

All kinds of noises from conversations, telephones, bin lids and alarms can increase sound levels and it is important that staff do everything they can to ensure the right environment to improve the quality of sleep for patients.

Now the Trust has installed sound level monitors on some wards to remind staff to keep the noise down.

Patient Experience Manager for Unscheduled Care, Dean Quinn, said: "We had seen an increase in negative patient feedback on

some of our wards around noise levels, especially at night.

The Trust wanted to respond to the problem by finding a system which would remind staff about the importance of keeping the wards as quiet as possible. They found the 'chatter tracker style' traffic lights which work on a red, amber, green system allowing staff to see at a glance whether the ambient noise was at an acceptable level.

"These have been used in America and Australia and a hospital in Scotland had adopted them for use on a dementia ward," Dean explained. "The hospitals were all reporting good results so we decided to trial them at both Blackpool Victoria and Clifton hospitals.

"The results have been extremely positive and the number of noise comments has gone down considerably.

"We are looking to expand the scheme onto other wards in the hospital.

"It would be my hope that in the future we will be able to invest in more technologically advanced systems that will allow us to monitor the changes in sound levels throughout the day so we know where and when noise levels rise on each ward. This will allow us to support each area individually in managing their noise levels to further improve the patient experience."



Matron Fiona Verenakis and Sister Gemma Wilshaw with the new traffic light sound monitor on Ward 19

Special event recognises work of volunteers within the Trust



Some of the volunteers at the recognition event

A special event has been held to say a huge thank you to all the people who give their time to help patients.

The Volunteer Recognition Event was held on Thursday, March 19, at the Imperial Hotel, Blackpool, to which the Trust's 340 volunteers were invited as well as hospital staff leads.

During the afternoon volunteers who have been involved with the Trust for 10 years or more were presented with certificates, as well as those who had successfully completed the Healthy Futures scheme which recognises a logged 100 hours at the Trust.

Chief Executive, Gary Doherty, said: "Our volunteers range in age from 16 to 92, and each of them perform activities which complement the work of staff to enhance the experience of patients and visitors to our hospitals.

"Whether it's helping visitors navigate their way around Blackpool Victoria Hospital, helping staff on the wards during meal times or talking and listening to patients, these people are a credit to the Trust and fully deserved this very special thank you, organised by the Fundraising and Voluntary Services Department. Based on all of our volunteers working an average of five hours a week, they make a contribution of 88,400 voluntary hours each year and that is greatly appreciated."

The event – an afternoon tea - included a performance by the Trust Choir and a raffle which raised £240 for the Trust Charity Blue Skies Hospitals Fund.

Head of Fundraising and Voluntary Services, Amanda Bennett, said: "All of our volunteers go the extra mile to make sure the people who visit our sites are comfortable and well looked after. We couldn't be more proud of all those people who give their time to help our Trust, and that's why this event, which we hold every two years, is so important."

The professional photographs which were taken at the Volunteer Recognition Event are now available to view on the Voluntary Services website at www.bfwh.nhs.uk/volunteering. To buy photographs call the Fundraising and Voluntary Services Department on 01253 957381 or email volunteers@bfwhospitals.nhs.uk



Enjoying the celebratory meal



Friends at the recognition event



Chief Executive of the Trust, Gary Doherty (left), with volunteers and Deputy Chief Executive, Wendy Swift (right) at the event

Hospital team empowers staff to improve care for dying patients

It goes without saying that care for dying patients and those important to them should be of the highest possible standard.

However, working with patients who are gravely ill takes compassion, knowledge, skill and a certain amount of life experience.

This is why the 'Transform Team' was established at Blackpool Teaching Hospitals NHS Foundation Trust in August 2013.

The 'Transforming End of Life Care in Acute Hospitals' is part of a national project designed to give staff training to improve the care given to patients at the end of life. The Transform Team provides both training on the wards and more bespoke training to individuals and groups, as well as regular study days open to all members of staff.

Carolyn Haydon and Kellie Gittins, End of Life Education Facilitators on the Transform Team, both say how they find their job hugely rewarding.

Kellie said: "Our mission is to empower staff to provide excellent end of life care."

Kellie worked at Trinity Hospice for six years before joining the Transform Team and has always been interested in end of life and palliative care.



Carolyn Haydon (right) checking notes

Kellie said:

"Working with the different teams is very rewarding. It's a privilege to be able to have an impact on the patient's care and to improve things for people at that difficult time. Being able to train other members of staff is also rewarding. The response has been fantastic. Everyone has been so positive and we have built up good relationships with the staff."

Carolyn was a Respiratory Nurse Specialist and helped to develop the End of Life Chronic Obstructive Pulmonary Disease (COPD) Pathway for the Trust before joining the Transform Team.

Carolyn said: "I've always been passionate about end of life care. A lot of the time we act as advocates for the patients and we let them know what is out there for them. This project enables us to concentrate on one area for a couple of months and then move on. However, we regularly re-visit wards to see how they are doing and to provide on-going support."

When they move into a new area of the hospital Carolyn and Kellie spend time getting to know everyone in that area. A questionnaire is used to find out what sort of support the staff feel they need, which helps provide the most appropriate training. They return after a few weeks to evaluate the training and offer any further support. Carolyn and Kellie also undertake more intensive training with selected members of staff from each



Kellie Gittins working on one of the hospital wards

ward who have shown a special interest in end of life care and have volunteered to be 'End of Life Champions'. They work closely with these individuals to enable them to help identify terminally ill patients on their respective wards and help their colleagues to provide care appropriate to their needs.

Another familiar face in the End of Life team is Lorraine Tymon, who has recently moved from her education, training and advanced care planning post with the Transform Team. Lorraine is on secondment in the community for 16 months. She will be based in the Emergency Department, Acute Medical Unit and Surgical Assessment Unit and will be working with staff to help prevent inappropriate admissions.

Dr Harriet Preston, Clinical Lead for the Transform Team, explained that the Transform Team project originated from Public Health England's End of Life Care Programme.

Harriet's role as Clinical Lead involves providing medical direction for doctors and consultants. Harriet was drawn to palliative care as a specialism: "I have always been interested in patients and families. Good communication is something I'm passionate about. It's really rewarding, particularly in hospital.

"The Department of Health's End of Life Strategy identified that when asked most people say they would like to die at home. However, currently more than half are dying in hospitals. Therefore we try to empower non-specialist staff to be able to provide good end of life care for patients and their carers. It's about recognising early on that someone is at the end of life and trying to ascertain their wishes and preferences.

"If a patient wants to be at home, we can arrange for rapid discharge and make sure the appropriate support is available to them. One of the aims is to avoid inappropriate hospital readmissions at the end of life. None of this is new to palliative care but the Transform project recognises that there is a need for training for non-specialist medical staff. The Transform project has been well received. We would like to continue the project for the foreseeable future as it benefits patients and staff."

Currently there is funding available for another 18 months of the project, but the Transform Team members feel that the need is such that they would like to see themselves becoming a permanent part of the hospital's End of Life care team.

Viewpoint

The views and opinions of our Executives Directors



Gary Doherty
Chief Executive

I hope that you all have a good Easter.

It's an important holiday – whether that be for religious reasons or for the chance it gives to catch up with family and friends.

My particular thanks go to all the staff who are working over the Bank Holiday weekend to give our patients and their families and carers the help they need.

I hope that everyone gets a chance to have an Easter egg or two, preferably alongside a long walk or some other exercise!

Finally, I'd like to thank you all for your hard work in 2014/15. It has been a difficult year, but we have met some incredible challenges and come out as one of the best Trusts in the north.

Despite how hard it is I believe we can do better still and I look forward to 2015/16!



Wendy Swift
Strategy / Deputy Chief Executive

The winter pressures have been particularly severe this year and I would like to thank all our staff for their efforts to provide the best care possible.

March has been busy as we have worked closely with directorates and partners to finalise operations plans, budgets and contracts for 2015/16. Again, a lot of people have put in a lot of work to ensure that we have the best plans and contracts in place.

One major piece of work we are undertaking is a review of the Trust's strategy for the next five years. It is clear that the NHS is going to face greater financial challenges and we need to look at every option possible to make us as efficient as we can be.

As it is election time we need to be careful about visits and communication as Purdah came into place on March 30th until after the General Election which means we cannot release any political statements.



Prof Mark O'Donnell
Medical Director

Research and education are of vital importance to the Trust and I am delighted to report a number of recent developments.

Mr Vijay Kamath has been appointed as an Honorary Senior Lecturer at Edge Hill University for two years, Dr Megan Thomas and Dr Tarek Saba have been appointed as Honorary Senior Lecturers in the Faculty of Health and Medicine at Lancaster University.

Stephen Tierney, Executive Director of the Blessed Edward Bamber Catholic Multi Academy Trust, is to become a lay member of our local education provider committee, our strategic committee overseeing medical education provision in the Trust.

Stephen will bring both a lay person and a formal educationalist perspective to the committee. We are also aiming to develop further links with the Academy for job opportunities and apprenticeships.



Marie Thompson
Nursing and Quality

It has been a very busy couple of months since the last Pulse and once again I would like to thank all staff for their efforts to cope with huge demands over that period. There are a number of issues that we will need to maintain our focus on over the next couple of months including C-Diff and general infection prevention measures to make sure we are giving our patients the highest quality of service possible. One thing I am looking forward to is our annual celebration event in May where nurses, midwives and therapists will showcase their excellence. This year's event is based around Care and Compassion with guest speakers, presentations and poster displays highlighting some of the fantastic work that goes on throughout the Trust. I hope to see as many of you there as possible to celebrate those achievements.



Pat Oliver
Operations

We have now found our way past Easter and that hopefully means we have seen the back of the 'winter pressures'.

It has been an extremely challenging winter with huge demands placed on our services over the past few months.

Throughout that time I have seen some fantastic examples of teams and individuals working incredibly hard to ensure we deliver quality and safe care to our patients.

People have really pulled together and I would like to thank everyone for their tremendous efforts.

We may be coming out of winter officially, but we are now heading for very different pressures with the summer months ahead, so please keep up the good work and keep doing what you do best to help our patients.



Nicky Ingham
Workforce & Organisational Development

The last couple of months have been extremely busy for everyone across the organisation and your hard work is greatly appreciated by me and the Board of Directors.

Over the last couple of months I have continued to shadow staff around the Trust. I shadowed the Rapid Response Team in Blackpool and experienced first-hand the challenges that the team face every day in accessing homes and the fabulous job they do providing support.

I have shadowed a Perfusionist who showed me the complex machinery which pumps the patient's blood for them whilst they are on by-pass having major cardiac surgery. A shift as a HCA was very hard work and my feet are still hurting. It was great to see how important this role is for our patients and I saw compassion in practice by all those on the shift.



Tim Bennett
Finance & Performance

Delivering safe and high quality care has to be our number one priority. However, we cannot ignore the very real financial pressures we are under as the Government requires all Trusts to deliver efficiencies each and every year between four and five per cent. This means we get less funding, but our cost base increases each year and we have to deliver cost improvements (CIPs). In the current year we have delivered £20m in savings which is the highest ever achieved. We also know we cannot keep repeating this level of CIP year after year and are therefore undertaking a major review of our strategy for the next five years. If we don't fundamentally review and transform the nature of how we provide care we will eventually run into serious financial difficulties. A detailed plan as to how this should be undertaken is being developed and will be shared more widely in the near future.

Paul shares work of the Trust through national secondment

The Trust's own Assistant Director of Nursing Paul Jebb has been away on secondment since October 2014 to NHS England and has just found out that secondment has been extended for a further 12 months. We caught up with him to find out what he's up to and what it means for the Trust.

Paul was the Assistant Director of Nursing (Patient Experience) at the Trust and was instrumental in enhancing the Trust culture around patients involvement and enhancing the patient experience as well as implementing many of the policies and procedures we have in place that makes the hospital journey for a patient better. Patient Relations was developed through Paul along with our support of NHS Change Day and many other initiatives.



Paul Jebb

So when a secondment opportunity to the national patient experience team, Paul says it was just the right thing to do to develop his career as well as being a key influencer on national pieces of work.

Paul is an advocate of the use of social media and is somewhat of a hit on Twitter.

He is also keen on using Twitter to communicate with a very wide audience, to showcase what work is being done across the NHS as well as giving people an insight into his working life.

In his new title as Experience of Care, Professional Lead at NHS England he is part of the team that have responsibility for enhancing the experience of care across the NHS, along with colleagues in commissioning groups across the country.

He said: "The role is very varied and I spend most of my time sharing best practice, influencing how decisions are made during the commissioning process, speaking at conferences about the importance of patient experience and advocating a lot of the initiatives that have developed out of the patient experience ethos such as 'hello my name is' or looking in to new toolkits for CCGs to enable them to work with providers of care to enhance the experience they deliver to their communities."

In the last six months he has focussed particularly on adult acute inpatients, raising the profile of experience of care across professional regulators, developing the compassion in practice strategy within action area 2, enhancing experience and is now developing a toolkit to support commissioners develop services for marginalised patients and how the NHS as a whole can improve care given to these groups.

He said: "I've been looking at preparing toolkits for CCGs so they can ensure their providers are offering the best care possible.

"That can be through the way they communicate with patients, protect their privacy and dignity, food and nutrition, meeting cultural needs as well as what services are offered to patients with particular needs.

"It's really utilised my experience of working in the Trust as well as learning from other providers to spot trends and common problems that we have then been able to solve or at least improve.

"My next project is to look at young people and how they are treated as individuals.

"I know we do some great work at the Trust with the likes of Take Over Day so no doubt I will be drawing inspiration from here."

For the Trust it means that Paul comes back to us ready to trial new ideas and solutions to enhance the Trust as a place to be cared for but also as a place to work making us the forerunners in patient experience improvements.

Paul's activities also get national recognition for the Trust.

We look forward to seeing what other projects Paul will work on in the next 12 months.

Team gives teachers a lesson in caring for diabetic children

Teachers were given lessons in how to care for pupils with diabetes during a special session with clinicians from Blackpool Victoria Hospital.

Twelve pupils at Baines School in Poulton have diabetes; the highest number of pupils with the condition at any school covered by the hospital's paediatric diabetes service.

The majority of children with diabetes at Baines School have 'Type 1' diabetes – a disease which causes the body's immune system to attack cells in the pancreas which produce insulin.

Sandra Singleton, a Paediatric Diabetes Nurse Specialist and Dr Rabin Mohanty, a Consultant Paediatrician from the hospital, visited Baines School on February 11 to explain how teachers can support pupils with diabetes.

Dr Mohanty said diabetes in children is on the increase nationally and explained that the UK has the highest number of children with diabetes in Europe.

He said diabetes is a chronic disease in which the body does not make, or properly use insulin. Insulin is a hormone that is needed to convert glucose and other food into energy.

He explained: "In the UK 25,000 children have diabetes.

It's the highest number in Europe and we have the poorest outcomes for patients.

"Education plays a big role and we invite parents to talk to us about diabetes.

"One in 500 children in the UK has diabetes and we are seeing more and more children under the age of five.



Consultant, Dr Rabin Mohanty and Paediatric Diabetes Nurse, Sandra Singleton (second from right), with School Nurse, Jane Fryer (second from left), and First aid Coordinator for Baines School, Emma Earley

"The only way we can deliver insulin is via injections or through insulin pumps which children wear at all times."

Dr Mohanty said an exciting new scientific development was 'smart insulin' which would only involve one injection and then the insulin would be released as the body needed it.

Sandra said: "We have created a Care Plan for Paediatric Diabetes which has been rolled out nationally.

"One in 500 children in the UK has diabetes and we are seeing more and more children under the age of five."

Dr Rabin Mohanty

"The children are given 'Individualised Health Care Plans' – every child is different.

"All of the teaching staff will have an input into the care of pupils with diabetes at some stage.

"This is a great opportunity for us to get our messages across to staff.

"Blood glucose monitoring is essential and pupils should be allowed to test for this as freely as they want."

Sandra gave out advice to the teaching staff such as to remember that every child with diabetes is different, not to draw unnecessary attention to the pupils, to provide inconspicuous and gentle reminders and not to put a 'label' on a student with diabetes.

Dr Mohanty added: "It's good to engage with the teaching staff. I would like to visit more schools to talk about diabetes."

First aid Coordinator for Baines School, Emma Earley, said: "We have a high number of diabetic pupils in the school.

"With support in place they do everything as normal. We have an area in Student Support

where they can test their blood glucose levels and do their injections.

"If they want to chat, we can reassure them. We keep in touch with the parents as well."

School Nurse, Jane Fryer, said: "Our system works extremely well.

"We have a drop-in session on a weekly basis so pupils can talk to me. It's important that teachers are aware of how they can help."

Head teacher, Roderick McCowan, said "It's better to know the practicalities than to be afraid of what might happen.

"A better awareness of how to respond makes us better able to support our pupils."

For further advice and information about diabetes go to:

<https://forms.diabetes.org.uk/make-the-grade-schools>

<http://www.idrf.org.uk/life-with-type-1-diabetes/school-resources>

Twitter campaign goes viral

Employees are flocking to support a clinical research campaign that is being promoted through Twitter.

The #WhyWeDoResearch campaign, run by the Research and Development department at the Trust, has seen nearly

80 members of staff give their backing to the campaign so far.

Members of staff have been writing down why they think research is important, having their photographs taken and then posting the pictures on Twitter.

The campaign – an off-shoot of a national Twitter campaign - stresses the importance of clinical research.

Michelle Stephens, Research and Development Manager for the Trust, said: “The campaign went wild on Twitter so I said

we would join in. The idea is to get people to think about why we do research.

“We have at least 150 members of staff who are involved in various aspects of clinical research and development.”



Some of the Trust employees who are supporting the Twitter campaign

Cancer survivors back the Trust's

Survivors of oesophageal cancer are urging others to take action as soon as they have symptoms to prevent needless deaths.

One woman, who had an operation for cancer of the gullet, said she regretted not contacting her GP sooner.

Jacqueline Gunn from Blackpool is now urging anyone who thinks they might have symptoms of oesophageal or gastric cancer to go to their doctor.

Two other oesophageal cancer survivors, Susan Anderson from Thornton and Mary Holland from Blackpool, also want to warn residents of the risks of ignoring symptoms.

All three were treated at Blackpool Victoria Hospital's Gastroenterology Department, which is running an oesophageal and gastric cancer awareness campaign led by Dr Peter Isaacs.

Symptoms include having heartburn most days for three weeks or more, a sensation that food is getting 'stuck' in the gullet, feeling sick, stomach pain and feeling full quickly.

Jacqueline, 71, had a major operation to remove part of her food

pipe after she was diagnosed in 2010.

She said she'd had symptoms over the Christmas period, but she'd put off going to see her GP until the festivities were over.

Jacqueline, a retired theatrical costumier for some of Blackpool's major venues, said: "My symptoms started before Christmas.

"I didn't want to bother with it before Christmas and left it until January. I went to the doctor's in the New Year because I had a slight problem with swallowing. It felt as if the food was sticking. I didn't feel ill.

"The doctor referred me to the hospital and I had a camera put down to see what was there.

"It was a huge shock to be diagnosed with oesophageal cancer.

"I had to have a major operation in March 2010. They took out my oesophagus, brought it up to my stomach and made another oesophagus. It took about six to eight hours.

"I didn't need chemotherapy. From then on I had regular checks with the camera.

Susan Anderson

awareness campaign

"I could not have wished for better care. Liz Darling, the oesophageal and gastric cancer nurse, is amazing. She has always been there for me when I have had any problems.

"With cancer you can feel quite alone. The care that Liz gave me was second to none.

"I feel fine now. My husband David and my two sons are very supportive. We always try to stay positive."

Patients who immediately seek treatment have a much better chance of beating oesophageal cancer.

Susan, 64, who works at a GP surgery, said she was glad that she acted fast and went to her GP when she had a persistent cough in 2012.

She explained: "I had a cough on and off for two to three months. It would not go away. I had a camera put down my throat.

"They told me they had found something and I was shocked when they said it was cancer. I had never smoked and I felt well.

"I had my first chemotherapy session in August 2012. I had six lots of chemo and 25 radiotherapy sessions.

"Dr Siva was my consultant. He was a very caring and gentle man.

"Everyone at the hospital was marvellous; they were very understanding." Mary Holland, Blackpool

"It was very hard to cope with the illness. I had the worst Christmas ever and went down three and a half dress sizes.

"Eventually I started to get my strength back. I'm not one for staying indoors. My husband Peter and daughter Caroline have been very supportive. I go back for check-ups every few months.

"To anyone with symptoms, I would say listen to your body and listen to your doctor."

Mary Holland, who was first diagnosed with cancer of the oesophagus nearly five years ago, said it was "fantastic" that her illness could be treated and that she can now "live again".

Mary, 64, a retired Physics and Mathematics teacher from Blackpool, agreed that it was important to see a doctor when worrying symptoms arise.

She said: "I didn't feel ill. All I felt was a sharp sensation when I was eating something a bit dry.

"It was around February 2010 when I first noticed it. I had retired two years before and I was more active than usual. I had lost a



Mary Holland

little bit of weight, but I put that down to being more active.

"Then I started feeling full earlier than I should have. I went to see my doctor in June 2010 when I started feeling full.

"My GP sent me to hospital to have an endoscopy. I hadn't thought about cancer until then. They found a small lump about 2cm in diameter."

Mary then faced the difficult decision over whether to have an operation or chemotherapy.

She said: "My consultant was Dr Siva. He was confident that chemotherapy and radiotherapy would work.

"He was very calm and he explained everything.

"It was a very hard decision. Eventually I chose to have chemotherapy and radiotherapy."

The chemotherapy and radiotherapy hit Mary hard, but with the support of her family and medical staff, she got through it.

"When it finished I was very thankful," added Mary.

"Everyone at the hospital was marvellous; they were very understanding.

"It will be five years since my diagnosis in June of this year and five years from the end of my treatment in October.

"It's just wonderful that it could be sorted out.

"I would like to praise and thank Dr Siva, Liz Darling and the staff in both the Macmillan Unit in Blackpool and the Rosemere Centre in Preston for their excellent care and kindness.

"Liz was very approachable and always ready to give advice over the phone when required."

Mary is now able to enjoy her hobbies of dancing, swimming, Pilates and rambling once again.

Gastroenterology Consultant, Dr Isaacs, said: "We want anyone who has a sensation of food sticking in the gullet to see their doctor immediately.

"Also, anyone who has had heartburn for more than three days every week for three weeks should be checked out.

"See your GP about symptoms. A brief camera exam of one to two minutes is usually all that's necessary to make a diagnosis or an all clear."

For more information on the 'Be Clear on Cancer' campaign go to www.nhs.uk/ogcancer or the Cancer Research UK's website www.cancerresearchuk.org



Jacqueline Gunn

Equipment is ready for action



Joanne Gregory (second from right) and the day shift of the MEL team

In 2006 a change took place that saves the hospital a huge number of nursing hours every year.

That change was the introduction of the Medical Equipment Library (MEL) and the team of five who now deliver equipment to wards within five minutes.

Previously it was found that nurses would spend around 20 minutes trying to find equipment on wards and make sure it was clean before it could be used with a patient. That's 20 minutes that could have been spent providing care.

Medical equipment is classed as any equipment used in the diagnosis, treatment or monitoring of patients under medical/clinical supervision.

Today the team loans around 1,400 pieces of equipment to wards with around 800 requests per month.

The service is headed up by Joanne Gregory, a qualified nurse, who explains: "The library is a centralised stock of vital medical equipment which is clean,

maintained and delivered quickly to staff at the point of care."

Although all equipment should be cleaned before it is returned to the library the team deep cleans all equipment when it is returned so that it is ready for the next use.

At the time of its creation many thought the team would require money to be spent on extra equipment but as planned this was not the case.

Joanne continues: "When each ward had their own equipment it was often going missing or kept in a state of disrepair. Because some equipment is only required relatively rarely it would sit in a cupboard for a while collecting dust and not being regularly checked.

"We check equipment after every use and because of the way we manage the loans it means we actually use less equipment.

"The key to our success is really down to the way we have linked with the medical engineering team. It means if anything is

damaged or in need of repair we can get it done straight away so there are rarely any gaps in service. In return they get access to equipment as and when they need it too."

Joanne has a team of five support workers who deliver the equipment to wards and collect it again when it is finished with. They also clean the equipment.

They work in shifts making the library available 8am - 8.30pm on weekdays and 8am - 1pm on weekends. Outside of these hours the service is run by 002 bleep holders.

A trolley of equipment is stocked and placed on AMU out of hours to service loans.

The library is available 8am - 8.30pm on weekdays and 8am - 1pm on weekends. Outside of these hours the service is run by 002 bleep holders.

Joanne says: "There are usually two support workers circulating the hospital with a trolley collecting and delivery equipment. They both have a beep so they can respond to loan requests quickly. Most staff will have passed them at some point in the corridor or on a ward."

Joanne (pictured second from right on the picture opposite), also started up the National Medical Equipment Libraries Forum in 2007. They meet once a year at a conference meeting as well as through email throughout the year. They meet to discuss ways of working and best practice.

She says: "I firmly believe it's important to talk to colleagues working in similar fields.

It helps us learn and share our experiences as well as creating a larger network for coming up with new ideas."

As a result with her work in the forum the team has

How to make sure you look after equipment properly

Location, location, location

Labels on equipment should be filled in properly with the patient number and location of patient if taking equipment out of hours. This helps to ensure the library team can locate the equipment in the morning and make sure it is returned to stock.



Keep it clean, keep it safe

Equipment is deep cleaned every time it is returned to the library so it is ready for the next patient.

However, staff should always give it a clean before returning it to the library.

That just makes it safe for the library team to handle it and prevents spread of any infection during transportation.

Decontamination reports are created for each ward and these will soon move to a quarterly report as a reminder of the need to clean equipment properly.

often been visited by representatives of other hospitals who are looking because of our efficiency.

The team is also responsible for organising training on the equipment it loans too. So if a new member of staff starts at the Trust who will be using one of the many machines available they should contact the medical equipment team to arrange training on the machines they will be using.

Joanne adds: "It's all part of ensuring the life of the equipment is extended as long as possible. By ensuring people use the equipment properly and know what to do if something goes wrong with it we can make

sure it stays in good working order and thereby reduce the cost of replacements as well as making sure we have a good stock ready to treat patients.

"We do have a few issues which we try to remind staff about when we take equipment to them (see above) but we are working with staff to overcome them both in the hospital setting and in the community."

To order equipment at Blackpool Victoria Hospital during library hours call ext 5323, if no one is available to answer please do not leave a message but bleep 675 instead. Outside of library opening hours bleep 002.



Mary Osborne is a MELS support worker who can be seen delivering equipment throughout the hospital

Implant is music to the ear and easy on the eye



The first group of patients to be fitted with a revolutionary hearing implant is currently waiting to have the device turned on for the first time.

The implant, which only a few consultants in the country are able to fit, offers patients the opportunity to have their hearing improved without the need for an abutment (bolt) protruding from their head. It can even be connected wirelessly to a number of devices effectively beaming sound directly into the cochlea of the ear.

Mr Vikas Malik has joined the ENT department of the Trust and is able to install the implants which have one part implanted under the skin behind the ear. The other part attaches externally using magnets.

Mr Jones, who is the only the third person to have the implant says he can't wait to hear his music properly again for the first time in five years. He said: "I only have maybe ten per cent of my hearing in my right ear. I'm a musician in a band and having no hearing has made it very difficult. I have to sit facing a certain way or I can't hear the keyboard and keep in time. This is going to be amazing."

Mrs Craven will be having her device switched on in April having had the operation recently. She said: "I have been waiting for this for a long time. I have had a hearing aid for most of my life, but it is next to useless and I am terrified of wearing it because I don't want to get an infection. This is going to be a great solution. I've already tested the device and I could hear better than ever before. I can't wait to get the final thing fitted."

Mr Malik explained: "Previous

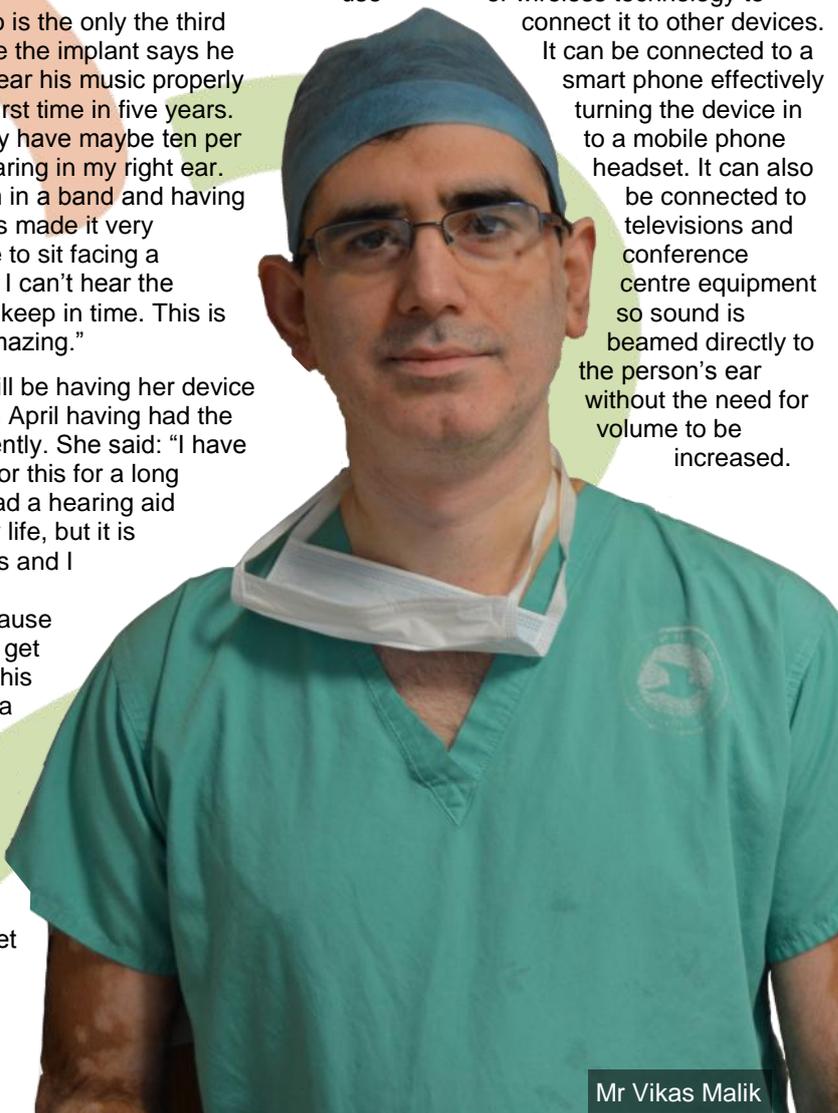
models of the implant would have a part protruding from the patient's head for the external part to clip on to. This could be irritating as it is permanent and can be difficult to keep clean. It is also a cause of some anxiety as patients are always aware of the 'bolt' sticking out of the side of their head.

"The implant is completely invisible when the external device is taken off. Hair can even be allowed to grow back over the implant.

"The surgery can be done under a general as well as local anaesthesia. It is usually performed as a day case and the patient is discharged same day."

What makes the device extra special is its use of wireless technology to connect it to other devices.

It can be connected to a smart phone effectively turning the device into a mobile phone headset. It can also be connected to televisions and conference centre equipment so sound is beamed directly to the person's ear without the need for volume to be increased.



Mr Vikas Malik

How does the system work?

A small titanium implant is inserted in the bone behind your ear. The implant magnet is attached and completely hidden beneath the skin.

Sound waves

Sound waves travel through the air and reaches the sound processor.



Sound processor

The sound processor picks up the sound waves and a computer chip digitally analyses and enhances the sound depending on your hearing loss and the environment you are in. The amplified signal is then converted into vibrations that are sent from of the sound processor, via the magnets, to the implant.



Implant

The implant receives the amplified vibrations and sends them through the bone directly to the inner ear, bypassing the outer and middle ear.



Inner ear

The vibrations reach the inner ear and cause waves in the fluid of the cochlea. The hair cells in the inner ear convert the fluid movement into electrical signals sent to the hearing nerve.



Hearing nerve

The hearing nerve then sends the information to the brain as electrical impulses, where they are interpreted as sound.



Court cases

Racially aggravated Section 5 Public Order offence

A patient who had been treated at Blackpool Victoria Hospital's Accident and Emergency department became abusive to staff on being told that he was free to go.

The level of abuse caused staff to call the hospital's Internal Security team to assist.

On arrival of the security officers, the man began making racially motivated abusive comments about the nursing staff.

As the body-worn CCTV equipment had been activated by the security officers, the incident was captured on camera. As a result, the police were called and the man was arrested. At a subsequent hearing at Blackpool Magistrates Court in February 2015, the man pleaded guilty and was fined £125.

Abusive patient fined after NHS Protect prosecution

A patient who subjected two Healthcare Assistants to racial and homophobic abuse has been fined after a prosecution brought by NHS Protect.

The patient pleaded guilty to a homophobic assault and a Section 5 Public Order offence which was racially aggravated within the terms of Section 28 of the Crime and Disorder Act 1998.

He was fined £190, plus a £20 victim surcharge and must also pay £100 compensation to each victim.

NHS Protect brought the case through its Legal Protection Unit (LPU), after the police stated that they were unwilling to take further action.

The LPU advises health bodies on a wide range of sanctions that can be taken against those who assault, harass and abuse NHS workers.

The abusive man was being detained under Section 3 of the Mental Health Act (1983).

In April and May 2014, the man used racial slurs and sexually inappropriate language towards a female healthcare assistant. In a separate incident, also in May 2014, he hit a male healthcare assistant with a large plastic bottle filled with liquid and also shouted homophobic abuse at him.

Watch out for spam

Recently there has been a significant global increase in the number of suspect emails being sent which in turn means potentially more coming into NHS inboxes.

The advice is, if at all in doubt about the origin of an email you receive, do not open it.

Central controls remove significant volumes of malicious email, but some still get through as senders continually adapt their methods to try to break through the defences. Members of staff should never give account details to anyone without checking the validity of the request and, in particular, never reveal your password.

Those trying to steal your details continue to adapt their ways of trying to bypass the security features on your device so you should:

- Avoid clicking on links or opening any attachments in emails from an unexpected/unusual source.
- Be wary of links you don't know. These may replicate pages you are familiar with, but the address can be (subtly) different. You may also see links that mask the actual address that say click 'here' or have a shortened link such as <http://goo.gl/3IJLFM>
- Avoid downloads or installing additional software/browser plug-ins from

web sites that are not to be trusted.

If you access your NHSmail account from your own device you should only do so after obtaining agreement from your local IT department which will provide advice on safely accessing your account.

What to do if you think you may have received a suspicious email:

- Do not open the email.
- Move it to your junk mailbox and forward to helpdesk@nhs.net. When forwarding do not download content or images if prompted to do so.
- If you have clicked on a link or attachment and think you may have a virus please immediately phone the helpdesk on 0333 2001133.
- You click on an email attachment and receive a warning that a program/macro will run, do not ignore the warning and do not open the attachment. Please report such incidents immediately to the helpdesk and delete the email from your inbox.

Last week we intercepted 25,556,572 spam messages and we continue to work hard to minimise the amount of spam and phishing emails which get through.

You are an important part of that - if you give out your details, your inbox will then be used to spam other NHSmail users.

Conflict resolution training dates for next few months

Conflict Resolution Sessions for 2015 are now available for booking – see list below. Frontline staff who have not completed this training before must attend this full course which covers the key principles of conflict resolution.

Date	Timing	Venue
June 5, 2015	9am to 1pm	Room 3-4 HPEC, BVH
June 17, 2015	9am to 1pm	Room 3-4 HPEC, BVH
June 25, 2015	9am to 1pm	Room 3-4 HPEC, BVH
August 10, 2015	9am to 1pm	Room 3-4 HPEC, BVH
August 21, 2015	9am to 1pm	Room 3-4 HPEC, BVH
August 26, 2015	9am to 1pm	Room 3-4 HPEC, BVH

To book your place please email course bookings on OLM@bfwhospitals.nhs.uk
or

Phone either 01253 655392, internal 5392, or 01253 303175, internal 3175.

IG In the news

'Hospital sacks two staff for leaking info'

Local press have carried a story about a report which shows that in the last three years two members of staff from this Trust have been sacked as a result of breach of confidentiality and accessing patient records. Three more people have been given final warnings.

PM says hoax call did not breach security

We think differently... <http://www.bbc.co.uk/news/uk-30977267>

Remember: Do not divulge!

Mark Duggan death discs 'lost in the post'

One member of staff has been suspended at the Ministry of Justice after the discs containing information about the fatal police shootings of Mark Duggan and Azelle Rodney went 'missing in the post'.

North Tees Trust told to review policies

North Tees and Hartlepool NHS Foundation Trust has been ordered by the ICO to review its data protection policy after a file containing sensitive patient information was found at a bus stop.

It was one of a number of incidents over the last year which resulted in data being lost or disclosed without authorisation leading to an enforcement notice being issued to the Trust.

10-Year Celebration

January 2015 saw the celebration of 10 years of the Freedom of Information (FOI) Act being fully implemented.

Find out more about FOI by looking at the timeline over the past 10 years at <http://www.tiki-toki.com/timeline/entry/357591/FOI-ten-years-on/>

If you would like to see some of the requests we have answered, please visit the Trust website in the [FOI section](#)

Emails

Subject Line/Heading

Please ensure that when sending an email, you do not insert any personal or Trust sensitive information in the subject line/ heading. This includes patient or staff names, hospital numbers, dates of birth and such like. We understand that sometimes, personal or Trust sensitive information is held within the body of the email. This must be kept to the absolute minimum necessary.

Global Address Book

When sending an email, you are responsible for ensuring you have selected the correct recipient from the

global address list. Be aware that there are a number of staff in the organisation



with the same name. Remember that information sent to a wrong email address could result in a breach of confidentiality.

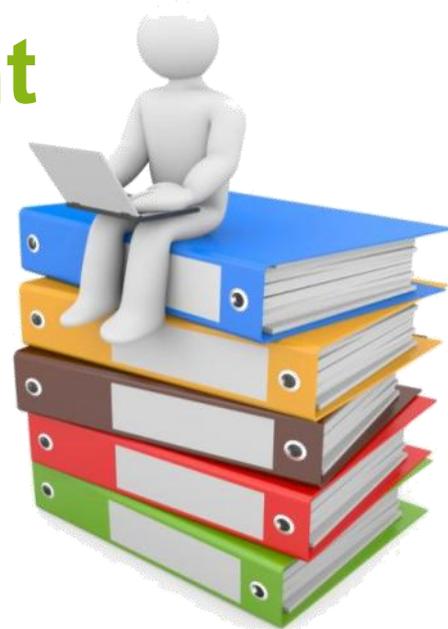
Please contact the IG Helpdesk 01253 953057 for help or more information.

Health records management

The Health Records Committee has completed the 2015 annual Acute Health Record Folder Tracing Audit. The overall results showed an improvement in compliance against the 2014 audit results of 94% compliance.

97% compliance was achieved for 2015 which failed to achieve the Trust target of 99% and over. Staff are reminded to adhere to the Health Record Folder Location Recording Procedure [Corp/Proc/498](#)

Staff who require Health Records Management Training which is provided by the Medical Records Department must complete the request form found on the [intranet](#).



Be careful with confidential waste

Please ensure that all confidential waste is put into the correct waste bins.

Holding, Obtaining, Recording, Using, Sharing — information = HORUS

All information (health and corporate) requires management. Your IG team has experts in all of these fields. Do you have a question or a concern you would like to run by us? We provide friendly practical advice and hopefully peace of mind.

Policy enables staff to maintain ethical standards

The Standards of Business Policy has been updated and now links into a new Intranet declaration package.

The Trust's Local Counter Fraud Specialist (LCFS), together with the Foundation Trust Secretary have substantially reviewed the Standards of Business Conduct policy.

This important policy assists staff in maintaining strict ethical standards in the conduct of NHS business. This policy must be noted and adhered to by all staff.

The policy details the process for declaring interests/associations or conflict of Interests/associations, gifts and hospitalities and all additional employment. An Intranet based package has been created so that all declarations can be processed electronically.

Please check the counter fraud pages of the Intranet for all types of declarations.

For further information please refer to the guidance documents for declarations or conflicts of interest, gifts and hospitalities, which are on the counter fraud area (under Bribery and Corruption) of the intranet site.

Additional or secondary employment

The LCFS would remind all staff that the above declarations for 'additional employment' include all additional, secondary, voluntary or private practice employment.

Relevant staff must declare all such employment, for example - agency work or private practice work, for consultants and Doctors, etc. Failure to submit such declarations could be deemed an offence under s3 of the Fraud Act 2006.

Further information is available on the counter fraud area of the intranet site; however the LCFS is happy to advise all staff on appropriate declarations.

New timesheets for staff in adults and families divisions

The LCFS was asked to review the various forms of timesheets within the Adult LTC and Families Divisions. This process has been completed and the new timesheets are due to be implemented from Monday, March 30, 2015.

Can all relevant staff please ensure that any old timesheets are destroyed and only the updated versions are used.

Case studies

JAILED – Nurse who stole from charity and forged timesheets to the value of £17,000

A ward sister from Wales who paid a cheque for a hospital charity into her own bank account and falsified her timesheets was sentenced to 12 months' imprisonment following an investigation by NHS counter fraud investigators.

The nurse pleaded guilty to Fraud by False Representation and Fraud by Abuse of Position, contrary to Section 1 (2 & 4) of the Fraud Act 2006.

The LCFS said "*The nurse had abused her position of trust and stolen from her employer. Stealing from the NHS is never a victimless crime as precious resources are diverted away from healthcare. This sentence should act as a deterrent to others who might consider stealing from the health service.*"

Gynaecologist sentenced for £47,000 sickness fraud

A gynaecologist from London who defrauded the NHS of more than £47,000 by working while sick has been sentenced at Crown Court, following an investigation by NHS counter fraud investigators.

The gynaecologist was found guilty of six counts of Failing to Disclose Information, contrary to Section 3 of the Fraud Act 2006.

He was sentenced to two years' imprisonment - suspended for two years -

and was ordered to complete 150 hours of community service. He is also subject to a three month curfew between the hours of 8pm and 7am, after being electronically tagged.

He worked in a number of hospitals whilst on paid sick leave from his NHS employer, between August 2009 and June 2010. Dr Madu earned an extra £69,000 at the other hospitals, in addition to his substantive salary. This secondary employment was never declared to his employer, as was legally required.

Sentenced – worker who sold stolen NHS property on eBay

A NHS worker from Wales pleaded guilty to stealing NHS property from his workplace and then selling it on eBay. He received a six month suspended jail sentence following an investigation by NHS counter fraud investigators.

He stole around 800 items including disposable gloves and hearing aid batteries from the hospital where he worked over a 15 month period and then used the hospital's own franking machine and postal service to mail the items to his eBay customers.

The investigation was launched when the hospital received an anonymous tip-off.

The above are examples of national case studies involving NHS fraud.

Working at Home

The LCFS would like to remind all staff that time worked at home, which is outside their usual working hours, should not be included in general "core hours" timesheets.

If the Staff member's banding and role allows, all such work should be declared on Time Off In Lieu (TOIL) forms and the

reason that such work has to be conducted at home MUST be agreed/ authorised by management before being conducted. Any subsequent time off requests must also be authorised by management, prior to be taken. The LCFS would remind staff that if a staff member does not accurately record the time spent working at home, or does not have all appropriate authorisations in place they could be investigated for fraud.

Overpayments to current and former staff

Overpayments to current and ex-members of staff have increased recently. As such, the LCFS asks that all staff review their wage slips to check if untoward errors have occurred. Remember – if a staff member fails to advise payroll of an overpayment they could be considered as fraudulent.

All managers must ensure that payroll is informed immediately of anything that could incur an over, or under, payment, especially a staff member's termination of employment notice.

Serious untoward incidents

The following articles are summaries of serious untoward incidents (SUIs) which have been investigated, along with the lessons learned. The full reports are available to view on the Risk Management intranet site.

Keep watch for pressure ulcers

An 84-year-old woman who was suffering with dementia and lived in her own home with her family as main carers, was admitted to the Acute Medical Unit (AMU) in July 2014 with suspected Deep Vein Thrombosis. AMU reported two Stage 3 pressure ulcers to the patient's shin, but these were subsequently confirmed as being venous ulcers. The patient was transferred to a ward and on inspection it was identified that both the right heel and left heel were 'non-blanching', with no incident reported initially.

The patient was referred to the District Nursing (DN) team in her area for wound care. All pressure areas were noted as intact although patient records indicate reluctance for staff to physically check pressure areas and 'intact' was often based on verbal feedback from the patient's daughter.

The patient's daughter asked the DN to

view the patient's heel. The Tissue Viability Advisor recorded unstageable pressure ulcers to both right and left heels.

The patient was admitted to hospital on two occasions in late 2014. Throughout these hospital admissions unstageable wounds were documented. Pressure area care was planned and delivered, although the lady remained non-compliant at times.

Later it was reported the patient had developed left hip wound stage 2, right heel staged as unstageable and left heel stage 4.

The family carers had refused offers of help and often became frustrated with advice given to them by the DNs. As a result and with the patient's best interest, a safeguarding concern was raised.



This incident highlighted the importance of:

- Consistent nursing documentation reflecting ongoing care needs.
- Accurate recording of tissue damage.
- Stage 3 and 4 pressure related skin damage must be reported to the ADON.
- Non-Compliance to be escalated as per policy.
- Safeguarding and DoLS referrals need to be considered when considering the patient's best interest.
- The GP should be actively involved in providing support and advice to both patient and carers including the DN Team.
- Robust and clear handover of patient details/relevant information must be made to all disciplines on transfer of care or discharge.

Patient Fall

A 78-year-old woman was admitted in November 2014 with abdominal pain. As part of the Falls Prevention policy the patient was assessed for her risk of falls on admission scoring 13 (moderate risk). Following a fall on the ward the patient's falls risk was reassessed as 32 (high risk). There was no injury to the patient resulting from this fall.

Following this fall a falls sensor monitor was utilised. The patient was advised to ask the nurses for assistance and to use her nurse call bell which was left within reach. At this time there was no observable bed space available due to other in-patients considered at a higher risk.

Investigation of this incident revealed that the patient had unclipped her falls monitor and attached it to her pillow and then proceeded to walk on her own to the bathroom. On her return she reports "collapsing" after "her knee gave way". The patient's fall resulted in a fracture to her left neck of femur. The patient has since undergone corrective orthopaedic surgery and was later transferred to the Nurse Led Unit for rehabilitation.

As a result of this incident and subsequent investigation the ward now groups high falls risk patients in its most visible bay and has introduced 'bay' nursing in that bay. They are looking into purchasing a portable visual monitor that can be viewed remotely in addition to the systems already in place.

This incident highlighted the following:

- Staff must be alert to the fact that patients can on occasion not heed advice or request assistance.
- The ward will continue to follow Trust policy with regards to falls risk assessments and utilise falls sensor monitors.
- Staff will continue to ensure buzzers are within reach and encourage patients to follow advice regarding asking for assistance to mobilise.
- Staff to cohort high falls risk patients and utilise bay based nursing when resources enable this.
- The importance of reporting incidents via the Safeguard Incident Reporting system and the need to escalate any unsafe staffing level issues.



Delayed reporting of chest X-ray

In August 2012 a patient was admitted as an emergency for percutaneous coronary intervention (PCI) and had a coronary stent sited.

The patient underwent a chest x-ray which was carried out on a portable x-ray machine. The image was returned to the ward for immediate evaluation and a record was made in the patient's notes that there was no pneumothorax; cardiomegaly was seen and there was some fibrotic change.

The chest x-ray was not formally reported, by a Radiologist, until the June 2013 when an "ill defined scarring of the right upper lobe" was mentioned and a follow up x-ray was recommended for six weeks time. The normal process is for this report to be sent to the requesting consultant but in this instance the report was not incorporated in the patient notes. This is not unusual given that the report was returned to the ward well after the patient was discharged. There was no evidence to say whether the report had been sent to GP at this time.

In September 2014 the patient had an x-ray of her spine and pelvis which showed degenerative changes and she was admitted as an emergency in November 2014 for reduced mobility and back pain. The patient received a chest x-ray that showed a large six centimetre lesion in the right upper lobe consistent with a primary

lung neoplasm and a metastatic deposit was seen within the sacrum. The patient had multiple imaging examinations to confirm the diagnosis. The ward images are all viewed and an evaluation documented on the IRMER sticker in the notes. At the time of this evaluation there



Chest x-ray reports must be issued quickly

was not significant concern regarding the findings to prompt the clinical team to contact the radiologists. When the Radiologist evaluated the image he saw the ill defined area and recommended a follow up chest x-ray in six weeks. In this instance there was no suspicion that this was a malignancy and so the Radiology pathway for the management of suspicious chest x-rays was not instigated. During this evaluation, the Radiologist had not realised that there had been such a long gap between the patient image being taken and the report being issued.

There was a significant backlog of unreported films at the time of this incident. This has been flagged within the organisation and carries the maximum risk

level. There has and continues to be, a lot of work ongoing to improve and sustain a reasonable reporting response to inform referrers in a timely manner. The demands on the reporting service are enormous and all possible resources both internal and external to the Trust are commissioned to resolve this need. This investigation took place to establish whether the cancer diagnosis was delayed by the delay in reporting the initial image.

This incident highlighted the following lessons learned:

- Measures have been put in place to outsource bundles of the work and the department has used waiting list initiatives in order to issue reports as quickly as possible.
- There is no evidence to say whether the delay, in this case, affected the prognosis of the patient. It is, however, unacceptable that there is any avoidable delay in patient diagnosis.
- It is important that all ward and clinic staff are reminded of the process to follow for when reports are received for patients who have since been discharged.
- In the next three months the Rad Alert system will go live which is a system that can email consultants and GPs should there be an urgent report to act on. In this case, the alert would not have been sent to inform the consultant of an abnormal finding but it would have ensured that an email was sent to the GP and this may have alerted the GP to follow this patient up sooner.

Missed pelvic fractures

An 82-year-old female patient was admitted following a road traffic accident whereby she was hit by a car and brought to hospital as an emergency by ambulance. There were concerns that this patient should have been transferred directly to the nearest trauma unit, rather than coming to A&E and this was raised with NWS for investigation. The patient had a series of x-rays which showed extensive fractures of the pelvis which were

missed initially and discovered when she went on to have a scan later. The patient was transferred to intensive care and unfortunately died some hours later. The investigation was collaboratively undertaken by the ED and the Orthopaedic Departments.

This incident highlighted the importance of:

- Maintaining accurate, complete and up to date patient records, including observations, fluids, escalations and actions.
- Clarifying and documenting the mechanism of injury.
- Applying a systematic approach to the examination and interpretation of X-ray images.
- Excluding hypovolaemia as a cause of shock for trauma before considering any other potential cause.
- Appropriately escalating concerns about patient management to seniors within that speciality.
- Utilising the Trauma Centre as a source of advice on the management of trauma patients.



Learn and Let Live

Lessons Learned from speciality mortality review meetings

Although specific things we do, or fail to do, during the treatment and care of patients are rarely found to be direct causes of 'avoidable' death, multiple, additive episodes of less than 'best practice' may well contribute to eventual mortality in vulnerable patients with significant existing medical problems.

Trust wide, speciality based, mortality meetings are undertaken regularly based on reviews of the case notes of deceased patients.

Some common themes in relation to sub-optimal care have been identified through this process, an introductory selection of which is given below.

It is hoped that learning from them will enhance trust wide patient care and contribute to a reduction in avoidable mortality.

Sepsis and Antibiotics

Delays in diagnosis of sepsis and in the subsequent administration of antibiotics are common. Don't forget that antibiotics administered early can always be discontinued if the differential diagnosis of sepsis is later excluded. However, if the diagnosis is proven, those antibiotics may have been life-saving! Patients presenting with neutropaenic sepsis are particularly prone to rapid deterioration as a result of any delay in treatment with appropriate antibiotics.

Please take the time to access the trust [Sepsis pathway](#) if you have any doubts as to how to proceed.

Blood Gas Analysis and Inspired Oxygen Concentration

Blood gas analysis is a frequent investigation performed for sick patients with deteriorating vital signs and such like. The investigation is not pleasant for patients but may be vital in supporting immediate diagnosis and in monitoring patients' response to treatment.

The significance of any given result in relation to oxygenation as a measure of disordered heart and lung function cannot be determined if the inspired oxygen percentage and method of supplementary oxygen delivery are not recorded in the case notes alongside the numerical result. Please try to make the recording of inspired oxygen percentage and method



Antibiotics administered early can save lives

of delivery a fundamental habit when entering the results of blood gas analysis in case notes.

Minimum Standard for Case Note Entries

The trust has explicit and straightforward standards for the initial elements of individual case note entries. They comprise of the following:

- Date
- Time
- Name of individual making the entry
- Designation of the individual making the entry
- Bleep number & or GMC number

All entries to be made in black ink

Although this may seem to be an administrative nicety, it is vital in the assessment of clinical progress over time by successive clinicians who may be working shifts and not know patients personally.

Comprehensive introductory recording of these minimum elements of case note entry is also important in acknowledging the seniority and experience of the case note entrant.

When it comes to retrospective case notes review, with a view to identifying quality of care and teasing out common themes, robust analysis is severely compromised if fundamental introductory elements, relating to basic case note entry, are substandard in any way.

Basic, but very important stuff.

More next month from Dr Richard J M Morgan, Trust Mortality Reduction Lead

Fire Lecture dates

A NUMBER of Fire Lectures have been organised over the coming months.

To book onto one of the courses Email: Stephan.Haigh@bfwhospitals.nhs.uk or Telephone: 01253 956799.

Date	All Held in Education Centre	Time
1/4/2015	Room 1	11.00 – 12.00
8/4/2015	Room 1	11.00 – 12.00
17/4/2015	Lecture Theatre	10.00 – 11.00
20/4/2015	Room 1	14.00 – 15.00
29/4/2015	Room 1	12.00 – 13.00
5/5/2015	Lecture Theatre	11.00 – 12.00
15/5/2015	Room 1	10.00 – 11.00
20/5/2015	Room 1	13:00 – 14:00
26/5/2015	Room 1	13:00 – 14:00
2/6/2015	Room 1	10.00 – 11.00
9/6/2015	Room 1	14.00 – 15.00
15/6/2015	Room 1	14.30 – 15.30

Moving and handling

One hour update sessions held in Training room 2, Trust office, Wesham on:

15/04/15 (11am)

14/05/15 (2pm)

08/06/15 (11am)

And at the Clinical Skills Lab, Moor Lane Mills, Lancaster on:

15/04/15 (2pm)

14/05/15 (11am)

08/06/15 (2pm)

And update / full sessions at various times each day in Room 4, Simulation and Skills Centre, BVH on:

08/04/15

07/05/15

09/06/15

To book a place email OLM@bfwh.nhs.uk

Leadership at the Point of Care

Leadership at the point of care is designed for front line staff who have regular contact with patients, their carers of families. The three day courses are run over one full day and two half days. The next sessions are at Lytham Primary Care centre on April 16 and 17 and May 29 and then on June 10 and 11 and July 16.

To book a place email OLM@bfwh.nhs.uk

Charity event has it in the bag

A charity bag pack at a Blackpool supermarket has raised more than £700 for Blue Skies Hospitals Fund's Peace of Mind dementia appeal.



Several volunteers from Blackpool Teaching Hospitals NHS Foundation Trust turned out to help staff from Clifton Hospital and the Fundraising and Voluntary Services Department at Blackpool Victoria Hospital pack bags for weekend shoppers at Tesco on Clifton Road.

The event raised a total of £720 for Blue Skies' Peace of Mind appeal, which is raising money to enhance dementia care across the Fylde Coast.

Linda Broadbent, manager of Ward 1 at Clifton Hospital, said: "The afternoon got really busy, and our volunteer bag packers were kept on their toes.

"It was a really good day and a great way to raise money for this important appeal. We definitely want to do it again. We can't believe how generous people were, as even those who didn't wish to have their bags pack still donated."

The bag pack took place on Saturday and as well as volunteers at the tills, staff were on hand to hand out leaflets and explain the appeal to those who were interested.



Assistant Voluntary Services Co-ordinator, Catherine Henshaw, helps to spread the word about Peace of Mind at Tesco

Head of Fundraising, Amanda Bennett, said: "The Peace of Mind dementia appeal is a very important project for Blue Skies Hospitals Fund, and to have events like this bag pack helps keep money trickling in while we plan bigger events for later in the year.

"We are very grateful to everyone who gave their time to help raise this fantastic sum of money and we look forward to helping out again on the next occasion."

Volunteers

Hospital Navigators want you as a new recruit

Blackpool Victoria Hospital's Navigators have been spreading the word about the work they do, in the hope that more people will sign up to help direct visitors.

The Navigators, who are often the first point of contact for patients and visitors to the hospital on Whinney Heys Road, are on hand to help people if they are lost or confused about where to go. Their aim is to help to make patients' visits as stress free as possible.

A group of Navigators set up a stall in the new main entrance to try and encourage others to volunteer with them.

Denys Barber, who has volunteered in various roles at Blackpool Teaching Hospitals NHS Foundation Trust for seven years, said: "Being a Navigator is very fulfilling.

"You get to save people time in what can be a very stressful environment.

"It's a nice feeling knowing that you can give reassurance when it's needed; it is a very rewarding role."

Navigator Co-ordinator, Catherine Henshaw, is keen to recruit new Navigators, who are available in the new main entrance of the hospital, at an Information Service Desk and in the Outpatients Department.

She said: "All of our Navigators do a wonderful job in helping



Colin Thomas (left), Denys Barber and Jo Haythornthwaite talk to Eddie Ashton about being a Navigator at Blackpool Victoria Hospital

people get around our site, and we constantly receive very positive feedback about how they have enhanced their time in hospital.

"We are always on the lookout for more volunteers who want to make a difference to those people who are coming into hospital, whether it's for an appointment or to visit a friend or loved one."

Anyone interested in becoming a Navigator should call the Fundraising and Voluntary Services Office on 01253 957381.

Brave Sister saves car crash victim

A car crash victim has thanked an off duty District Nurse Sister who gave him life-saving first aid.

Mum-of-three, Emma Wood from Aughton near Lancaster, was driving home when she came across the scene of the accident near the village of Halton.

James McKenna's car had hit a pheasant, clipped the grass verge and flipped onto its roof on February 17.

Emma, 38, who leads a team of eight District Nurses at the Queen Victoria Centre in Morecambe, said: "James was

lying at the side of the road and he was bleeding very badly from his head. He was drifting in and out of consciousness. I carry my own first aid kit in my car so I used that.

"I managed to stop the bleeding and got him into the recovery position. When the ambulance came I went home to Aughton and didn't think anything of it. I went back to work in Morecambe later that evening."

It was a lovely surprise for Emma when James, 48, got in touch a few days later.



District Nurse Sister, Emma Wood, with crash victim, James McKenna. Photograph courtesy of the Lancaster Guardian newspaper

Emma said: "When we met up he was quite tearful. He was so thankful. His fiancée Emma was very grateful too."

James said: "If Emma hadn't turned up, I just don't know what would have happened. She was my guardian angel."

Afternoon tea tests nurse's skills

Having spent most of her career not being faced with an emergency situation Stroke Unit Ward Manager, Rachael Bailey, is thankful the work she has trained for came so naturally.

After arriving at the Garden Kitchen in Clitheroe for afternoon tea Rachael walked passed Alan Walker who was at the same restaurant and had just sat down to dinner. He was clearly in distress and Rachael's caring instinct kicked in to see if he was ok. Shortly after he passed out and suffered a cardiac arrest.

Rachael said: "Although I go through the training I can say I'm one of the lucky ones in that I rarely face such situations and never outside of the hospital setting. Fortunately instinct kicked in and all the training came to the front of my mind.

"My friend and I pretty much took over the restaurant as we ordered staff around to get us things. I performed CPR for about half an hour before he regained consciousness. That's pretty rare and it was a while before the ambulance arrived. They said it was the quick response that saved him.

"He and his wife were so grateful. It was lovely to feel like I had used my training in an unusual setting to make a clear difference to someone. I felt really good afterwards. The bonus was we finally managed to get dinner – and the restaurant insisted on it being free!"

Queen's reception for Orthodontic Consultant

A Consultant in Orthodontics attended a reception at Buckingham Palace, hosted by Her Majesty The Queen on March 18.

Her Majesty The Queen, who is patron of The Winston Churchill Memorial Trust, hosted the event to mark its 50th anniversary as Sir Winston's living legacy.

Dr Joanna Dancer is a Consultant Orthodontist and a Churchill Fellow of 1996.

She was introduced to Her Majesty The Queen and His Royal Highness Prince Phillip and had the opportunity to tell Her Majesty about her fellowship which took her to the Far East.

Dr Dancer's fellowship was focused on the care of children with clefts of the lip and palate.



Away from the Trust



Hitting the right note

Making music is child's play for IT Support Supervisor Darrell Till.

Darrell from Thornton, who is based at Blackpool Victoria Hospital, has always enjoyed singing, writing songs and making music.

A gifted musician, Darrell is particularly interested in writing songs for children and has produced many pieces of music for projects across the world.

Members of staff may be familiar with Darrell's dulcet tones as he is also the voice of the Trust's IT Helpdesk.

Darrell explains: "I started recording songs when I was 19. It was a hobby; just a bit of fun. I'm self-taught on piano. I moved into electronic synthesisers when I got interested in computers. I started writing my own songs and making music using computers.

"In the early days of the internet, before YouTube and iTunes, I would put up two or three songs a week on my own website. I used to get about 8,000 downloads a week. It was an interesting way to put music out there."

These days the talented artist records his demos at home: "You don't need an expensive set-up," he says. "Nowadays when you see artists Tweeting pictures of where they do their recording, they're often just in someone's house. This is how a lot of professional recordings are made these days."

Darrell, 39, likes writing songs and music for other people. He networks with creative people on websites such as www.chainy.com to work on projects.

"I like the creative process," he says. "It's nice to build up a song and to get positive feedback."

One of Darrell's friends works as a comic artist and asked Darrell to write songs and music as part of a promotional video.

Darrell explained: "From that I got interested in creating music for other people.

"I have done quite a few 'jingles', including one for a company called 'Hawaiian Ola.' They sell a health-juice drink made from noni fruit, which is otherwise known as the 'vomit fruit' so as you can imagine they need all the help they can get with marketing that.

"I'm also interested in writing music for kids. I test them out on my six-year-old daughter, Olivia. It started when I was contacted by an English-speaking school in Mauritius, they wanted an educational song for parents and kids about infection prevention. I did a 'Flu Rap' song for them and they liked it so much I was asked to write two more songs."

Over the years Darrell has played in various bands and most recently he has been performing in a duo with Matt Cartwright who works in the Trust's Informatics department. Matt plays lead guitar and Darrell plays the accordion.

"My goal is to write more children's music. I would like to produce a whole album of songs for kids."

Darrell's Soundcloud page, which has many of his children's songs and jingles on it, can be viewed at <https://soundcloud.com/menfromearth>

Staff Lottery



Winner Steven Wenman is off to Spain with his winnings

This month's lottery winners are all jetting off on holidays with their winnings.

Top prize of £2090 went to Steven Wenman who works in theatres. He is off to Spain in July and is very happy with the timing of the win. He said: "We booked the holiday a couple of months ago and have been saving ever since to pay for it. Anything we save now will just be extra spending money to help us have a good time."

Second prize went to Charlotte Armer, Pharmacy technician, who won £580.

Third prize of £240 went to Neil Bramhall. He's off to celebrate his 50th birthday in New York soon and now has some pocket money to take.



Last month's winner, Lucy McCormack made the draw

To join the Staff Lottery this month go to <http://bfwnet/departments/lottery/>

Under the Spotlight

This month's guest is Jeannette Mason who assists as a volunteer in the Speech and Language Department at Fleetwood Hospital. Jeannette helps people who have had a serious stroke or are suffering from aphasia

What is your job description and what are your key tasks?

My job entails working on a one-to-one basis, with the aid of specialised software, to help patients who suffer from aphasia to rebuild their communication skills. Basically, aphasia is an inability (or impaired ability) to understand or produce speech, as a result of brain damage. Each patient has different challenges, which can be quite complex and they are all assigned to a Speech and Language Therapist, who identifies their problems and provides ongoing remedial treatment, care and attention.

Many patients are then referred to us (our small computer group) for extra continued support with their speech building.

Our newest requisite, which is invaluable to our patients, is a large screen computer, with a programme that records their voices. We are delighted with this, as many years ago I read an article explaining that people with aphasia benefit greatly by hearing their own voice played back. The large screen is ideal for those whose stroke may have left them visually impaired. We also encourage other means of communication, using personal notebooks or writing, drawing, pointing and gesturing.

When our patients first visit our group they are very nervous and vulnerable, so the key task we focus on, initially, is to build their confidence.

For most, improvements are gradual but, with perseverance and time, we can all see the great steps that have been achieved.

What are the most significant challenges and difficulties you have to face in carrying out your duties?

Personally, I can say without reservation that the emotional side of this job is the most challenging.

As all our patients have suffered debilitating strokes, they have to cope with physical disability and emotional distress. Then of course we are also moved by our patients' loved ones; we mustn't forget the huge strain and

tiredness they suffer and the huge responsibility they have to endure. Some patients live alone – their stress levels are unimaginable.

The main difficulty occurs when one of our team is ill or away and sessions have to be cancelled. This could easily be resolved with one or two extra volunteers.

What are the most rewarding/enjoyable aspects of your work?

Our rewards come when we see our patients achieving the success they deserve; when a session goes particularly well, leaving our patients feeling proud and happy. Those moments are very special indeed.

Do you work closely with other team members?

We are definitely a team, we bounce off each other and everyone is so obliging.

Where do you see yourself in 10 years' time?

At Fleetwood Hospital, if they'll have me.

How do you keep up with developments and changes in the work you do?

This is an interesting question because, over the years, the working methods have changed noticeably.

Various methods have been developed and various beneficial options have been introduced.

Whatever method we choose to use, our ultimate goal is to encourage the use of sentences, which inevitably lead to conversation — our ultimate goal.

How do you relieve the strains and stresses at the end of the day? What do you enjoy doing in your free time?

I love walking and only use the car if I have to. I also belong to a dance school, where I do tap dancing and I enjoy cooking, sewing and crocheting and an occasional novel. My favourite pastime by far, is spending time with my grandchildren; I am madly in love with them.



Jeannette Mason



Welcome to our new starters

Omar Abdulla, Mark Ainslie, Elaine Aldous, Susan Atkinson-Jowett, Ankita Bhargava, Samantha Bown, Susan Braithwaite, Lauren Brooks, Sarah Bruce, Teresa Cain, Emma Cairns, Frances Carbery, Denise Carmel, Hwei Wan Choo, Heather-Lee Clarke, Paige Cole, Joanne Cookson, Deborah Cookson, Jake Couperthwaite, Samuel Crilley, Terry Cullen, Rachael Curphey, Hannah Dobson, Sara Docherty, Laura Dolan, Susan Elliott, Diane Falconer, Caroline Frank, James Garbarind, Nicola Gelling, Samantha Gosling, Daisey Greaves, James Hallett, Lynn Harding, Antonia Hawkins, Jessica Hemming, Michael Hindle, Rachel Holden, Helena Howitt, Michele Kettlewell, Helen King, Anna Kirkman, Annette Lawrence, Emma Leech, Mollie Lockey, Jonathan Mackay, Daniela Filipa Marinho, Rebecca Mathers, Carole McCabe, Elizabeth McCooey, Ross McFadden, Tracey McCloy, Tina Mistry, Rhiann Mitchell, Laurissa Morrison, Megan Muckalt, Fung Kei Ng, Michelle Norton, Karen O'Hara, Kimberley Orrell, Brendon Parsons, Shabana Pathan, Rowan Pill, Claire Platt, Stephen Preston, Anna Ray, Danielle Rees, Monita Roy, Alexander Shaw, Richie Siziba, Natalie Smith, Adina Stanciu, Nicola Steeden, Garry Stones, Marilyn Suffolk, Qurrat-UI-Ain Tahir, Terri Tattersall, Danielle Tennant, Terri Vaselli, Alison Verrall, Sarah Wallban, Martin Ware, Gail Watson, Sarah Wilding, Hayley Winward, Beverley Yu

And goodbye to those retiring

Elizabeth McCooey, Pauline Berry (please see page 31).

Back together for one last farewell

In March the Respiratory Nurse team said goodbye its founding member as Pauline Berry retired after 37 years in the Trust.

Pauline started with the Trust as a student in 1978 qualifying in 1981 and working on the old Chest Ward. She went on to become Ward Sister until 1992 when she set up the respiratory nurse service along with fellow nurses and consultants.

The old consultants and nurses who worked with her back then, some of whom have already retired, returned for an afternoon to wish Pauline well as she started her retirement.

She said: "It's been fantastic and I have made so many good friends and I think we can say we really achieved something great for the patients and for the Trust by starting the respiratory service. They are a great team and I will miss them."

Pauline said she now plans to spend some time doing nothing and planning what she wants to do with her retirement.



Pauline was joined by old colleagues to celebrate her retirement

Estates Department Fishing Day

The annual fishing day for the Jim Fray Memorial Cup is to be held on **Saturday 20th June 2015**



The venue is Langley Lakes, Goosnargh, Preston.

£15 per peg to be paid on booking by 10th June



Anyone interest please contact Lorraine Dunn:

Telephone: 01253 655702

Email: Lorraine.dunn@bfwhospitals.nhs.uk

ALL WELCOME!

Tasty breakfast baps to be ordered on booking
Arrive for 8.30am for breakfast, lines in at 9.30am

ALL proceeds to the Macmillan Unit.



STAFFBENEFITS.CO.UK

JOIN TODAY AND SAVE MONEY ON:-

- Hair Salons
- Local Restaurants
- Hotels / Travel & Leisure
- Car Repairs / Garages
- Professional Services
- ...and much more



HOW TO JOIN

It's FREE and EASY

Just visit www.staffbenefits.co.uk/login/blackpool, click on the "register" Button and follow the simple instructions... The whole process will take a couple of minutes then you will be able to start using our discounts straight away!

Visit www.staffbenefits.co.uk/login/blackpool and start saving NOW!

AS WELL AS HUGE SAVINGS FROM:-



Competitions and Games

SPORTS MIXTURES

Shown opposite are six images, each made up of a morphed image of two sporting stars, all you have to do is name both stars in each image.

- 1..... /
- 2..... /
- 3..... /
- 4..... /
- 5..... /
- 6..... /

The first all correct entry drawn after the closing date, will win a £50 gift voucher courtesy of CDC Printers of Poulton.

Enter your answers and return to:
Competitions,
Communications Department,
Trust Headquarters,
BVH.

Closing Date:
Monday, 25 May 2015

Name.....
Dep't.....
Contact No.....



Congratulations to Martin Gillan who works as an HCA on Haematology and Oncology Day Unit, he won last edition's 'Logo-a-go-go' picture quiz.



Martin wins a £50 gift voucher courtesy of CDC Printers of Poulton.

The correct answers were:

- 1 Champion
- 2 Burger King
- 3 Esso
- 4 Dickies
- 5 Dole
- 6 Ikea
- 7 Sanyo
- 8 LG

Recipe — Vegetarian Lancashire hotpot

Packed with goodness, tasty vegetables and layered slices of potato, this hotpot is a great low cost recipe.

Ingredients

- 1 tbsp olive oil
- 2 onions, finely chopped
- 4 carrots, chopped
- ½ swede, chopped
- 200g/7oz parsnips, chopped
- 50g/1¾oz plain flour
- 750ml/1½ pint vegetable stock, made from stock cube
- 4 tbsp pearl barley
- 3 sprigs thyme, leaves only

- 900g/2lb potatoes, sliced into 2mm slices
- 25g/1oz butter
- salt and black pepper

Preparation method

Preheat the oven to 200C/400F/Gas 6.

Heat a large saucepan over a medium heat. Add the oil and, once hot, add the onion and a pinch of salt. Cook the onions for 4 to 5 minutes, or until softened.

Add the carrots, swede and parsnip, plus another pinch of salt. Place a lid on and gently fry for 10 minutes, or until softened a little. Remove the lid, sprinkle in the flour and stir around to coat the vegetables and soak up any cooking juices. Add the stock, pearl barley and thyme and stir to mix well.

Simmer for 15 to 20 minutes to thicken. Add salt and pepper to taste. Meanwhile, heat a large pan of water and cook the sliced potato in boiling water for 1 to 2 minutes to soften slightly. Drain and then put them into cold water to cool them and make them easier to handle. Pour the vegetable mix into a large ovenproof dish about 21x29cm/8x12in.

Arrange the potato slices over the top of the vegetables, seasoning between layers with salt and pepper to taste and finishing with a neat layer of slices. Dot over the butter and finish with a pinch of salt and pepper. Place into the preheated oven and cook for 45-50 minutes, or until the filling is bubbling and the potatoes are golden-brown on top.

And finally...

We've noticed that the phenomenon of photo bombing (spoiling a photograph by unexpectedly appearing in the camera's field of view) is becoming increasingly popular around the Trust. Members of the communications team have to be on their guard for photo bombers, as our pictures show. Our shot of the Fundraising and Voluntary Services team has a photo bomber in the background and, spookily, our photo of one of the Trust's Health Mentors has been photo bombed by the British Heart Foundation's mascot, 'Mr Hearty' - see if you can spot him...



Blackpool Teaching Hospitals **NHS**



NHS Foundation Trust