Our new macula centre has real vision

OUR new state-of-the-art macula centre, offering the very latest in imaging technology is playing a leading role in eye health in Bradford.

Based on Trinity Road, Bradford, near to St. Luke's Hospital, the Bradford Macula Centre features the most sophisticated scanning equipment capable of detecting a number of eye conditions.

The new centre means that patients with suspected wet macular degeneration, which causes the loss of central vision, usually in both eyes, will be seen and treated for this condition more quickly, improving the success of the treatment.

They can be referred directly to the Bradford Macula Centre by their opticians via a fast-track referral system.

Consultant ophthalmic surgeon Faruque Ghanchi told me: “The new centre will both speed up the patient’s journey through the clinic and increase the number of patients we can treat. Ultimately we hope to be able to see twice as many patients as we see at the moment.”

To find out more about this new dimension to our services, please turn to page 2.
AS many of you will be aware, previously our macular service was based in the pain management clinic in the grounds of St Luke’s.

Consultant ophthalmic surgeon Faruque Ghanchi told me: “The new centre will both speed up the patient’s journey through the clinic and increase the number of patients we can treat. Ultimately we hope to be able to see twice as many patients as we see at the moment.

“We will be able to increase the number of clinics from five per week, run over two and a half days at present, to 10 clinics over five days.”

Prior to moving, our macular service saw a maximum of 125 patients per week but is now able to see 220 per week, and at maximum capacity in the future it should be able to see 300 per week.

Consultant ophthalmic surgeon Helen Devonport added:

“The project has been a joint working agreement with Bayer Pharmaceuticals, who contributed more than £130,000 to fund a new Optical Coherence Tomography scanner for the unit.

“Optical Coherence Tomography - or OCT as it is more commonly known - is a scanning system that produces highly detailed images of the retina. It is often likened to an MRI or x-ray of the eye.

“OCT Scanning is the most sophisticated tool available for assessing eye health and detecting eye conditions including macular degeneration, diabetic eye disease and other eye disorders.

“This scanner allows us to see detailed images of the retina (the lining of the back of the eye), enabling us to accurately detect, monitor and manage changes to the retina.

“Previously abnormal blood vessels could only be detected on photos taken after patients received an intravenous injection of one or two dyes. So we are very grateful to Bayer for their support.”

Continued p3 ➔
“This latest technology allows us to see flow in blood vessels in the retina without having to inject patients with dye.

“Previously, abnormal blood vessels could only be detected on photos taken after patients received an intravenous injection of one or two dyes. So we are very grateful to Bayer for their support.”

I’m immensely proud that our ophthalmology department is home to numerous worldwide clinical trials taking the lead in eye care research, and that our new centre is now making such a difference to our patients, who remain at the very heart of all we do.

Patient Levi Hall, of Wibsey, Bradford is one of the many patients now enjoying the new and improved facilities. Mr Hall, aged 78, who has macular degeneration, has been using our macular service for the past 10 years.

He said: “The facilities are wonderful. It is so spacious and comfortable and has made a real difference to appointments which can take up to two hours. Everything runs like clockwork.

“I attend every six weeks now and over the years have taken part in clinical trials, testing different drugs. I have to say the staff are brilliant, so kind and caring, and now having the new surroundings makes attending clinic so much easier.”

Bayer is a Life Science company with a history stretching back more than 150 years. It is dedicated to working collaboratively with the NHS to develop bespoke solutions to improve retinal services and the provision of care for patients.

Bayer Medical Director for Ophthalmology, Dr Jackie Napier said: “We are proud to support NHS trusts across the UK to improve care for people with sight-threatening eye conditions. We need to continue to work together as an ophthalmology community to overcome challenges in service delivery so we can preserve patients’ sight as much as possible.”

Airedale link-up poised to gather pace

YOU will already know that we are working with the other hospitals across West Yorkshire and Harrogate, as part of the West Yorkshire Association of Acute Trusts (WYAAT), to reduce the variation patients experience in our services and to make us more efficient.

We are doing a particular piece of work with Airedale NHS Foundation Trust to look at some specific services on which we already work together, and how we can make them more sustainable and effective for our local population – and also for the staff working in them.

This work, known as the Acute Provider Collaboration programme, is being led for us by John Holden, our director of strategy and integration.

It will gather pace over the summer and autumn with clinical workshops to review pathways, patient outcomes and a number of other factors.

The programme team has developed some questions and answers about the project, which you can read at: http://bit.ly/2tNv0pH
Leadership fellows call for help with pioneering patient safety website

LEADERSHIP fellows at our Bradford Institute for Health Research (BIHR) are set to launch a pioneering website, hosted by the Improvement Academy, to support staff involved in a patient safety incident – and they need your help.

As many of you will know, staff may feel responsible for unexpected outcomes after a patient safety incident that can impact on their personal and professional well-being.

Clinical leadership fellows Dr Paul Ashwood and Gail Opio-te, are putting together a website where staff can access the most current evidence, advice and support.

But, before they do, they’d like anyone who has experienced a patient safety incident to take part in a confidential survey and let them know whether they received the right support.

Feedback from the poll will help shape the development of the new website, and help the team better develop support services for staff here at our hospitals.

Gail said: “The end point of the project is to produce a freely available international resource – a website – that can be accessed by staff searching for both psychological and practical support. It can also be used by organisations who are interested in implementing evidence-based services for staff who are the ‘second victims’ of a patient safety incident.”

Paul told me: “It is estimated that at least 50 per cent of all healthcare staff are a ‘second victim’ at least once in their career.

“They need emotional and professional support from colleagues and supervisors so that the occurrence of the patient safety incident results in changes in practice.”

“It is estimated that at least 50 per cent of all healthcare staff are a ‘second victim’ at least once in their career.”

“We are working with the trust to ensure meaningful learning following incidents and that staff are offered the right type of support.”

Members of staff who have been involved in a patient safety incident will shortly be sent an email inviting them to take part in the survey, which can also be found here: http://bit.ly/2sFjiyC

Want to share your news and thoughts? Email us: lets.talk@bthft.nhs.uk
Members of staff who have been involved in a patient safety incident will shortly be sent an email inviting them to take part in the survey, which can also be found here: http://bit.ly/2sFjiyC.

Paul continued: “Over the last 10 years the nationally acclaimed Yorkshire Quality and Safety Research group (YQSR), also based at the BIHR, have been engaged in ground breaking research to better understand the impact of patient safety incidents on staff.

“Their work to raise the profile of this problem has resulted in an increasing national focus, recognising that support systems for second victims are an important pillar in the search for optimal patient safety.”

“However, despite this there remains a lack of formal services across healthcare institutions at a local, national and international level.”

I would like to pass on my congratulations to them both for their ground-breaking efforts, and encourage any member of staff who has experienced a patient safety incident to complete the survey and help us improve the support we can provide to staff in the future.

“ Their work to raise the profile of this problem has resulted in an increasing national focus...”

I’m sure you’ll join me in welcoming our latest new starters

From this week, we’ll be featuring in Let’s Talk the names of new colleagues who’ve just joined us – so you can see where they work and say hello if you get the chance.

So, it’s hello and welcome to...

- **Sufyan Abid**, research fellow, Born in Bradford project
- **Shazad Ali**, healthcare assistant, A&E
- **Jane Basilo**, specialty nurse, Dermatology
- **Carla Burkitt**, gym officer, Staff Gym
- **Amanda Burleigh**, midwife, Maternity
- **Nazzar Butt**, risk assessor, Risk Management
- **Victoria Carpenter**, maternity support worker, Community Midwifery
- **Patricia Carroll**, healthcare assistant, Ward 3
- **Nicola Evans**, physiotherapist, Physiotherapy
- **Emma Graham**, senior pharmacy assistant, Pharmacy
- **Jennifer Green**, directorate manager, Imaging
- **Rachael Hawley**, radiographer, Radiology
- **Kirsty Hodgson**, healthcare assistant, A&E
- **Waqs Hussain**, administrator, Westwood Park
- **Maryam Kausar**, healthcare assistant, Ward 27
- **Sarah Kauser**, Ward 3
- **Samantha King**, personal assistant, Corporate Affairs
- **Ruth Knox**, Virtual Ward
- **Humaira Mahmood**, housekeeper, Ward 28
- **Saba Mahmood**, medical secretary, Paediatrics
- **Aaron Mahroof**, radiographer, Radiology
- **Nasim Malik**, ward hospitality assistant, Domestic Services
- **Shah Muhammad**, data warehouse support analyst, IT
- **Joanne Smith**, administrator, Access Team
- **Emma Tynan**, cleaning services assistant, Domestic Services
- **Hayley Wright**, healthcare assistant, Ward F8
“Nurses have seen some of the biggest changes with EPR”

FROM improving medicine administration to speeding up care planning, EPR is going to transform the working lives of our nurses - impacting on nearly every area of the care they deliver.

Here, Kay Pagan explains why it’s so important that Bradford nurses skill-up now, whilst Jackie Murphy talks about the early days of EPR at our partner NHS Trust at Calderdale and Huddersfield.

Kay Pagan, Bradford’s lead nurse for EPR is enthusiastic about the positive changes nurses will experience when we go live in September.

“Quick access to patient records is one of the main changes that colleagues are going to notice immediately”, says Kay, “and as we add more information to EPR, the patient record will grow and become increasingly comprehensive. The challenges of reading our colleagues’ handwriting will also reduce! In addition, care planning and medication administration will improve dramatically” says Kay.

Many of the most frequently used care planning documents have been turned into simple-to-complete forms in EPR, with drop-down menus, tick boxes and suggested plans. Some of the plans will be pre-populated based on information entered previously by the nurse or other members of the care team. As for medication administration, clear information on doses, frequency and a record of when a medicine has been given (or missed) will really sharpen patient safety efforts.

“Quick access to patient records is one of the main changes that colleagues are going to notice immediately.”
Jackie Murphy, the lead nurse for EPR at Calderdale and Huddersfield NHS Foundation Trust, which has now been using the system for several months, is working closely with nursing colleagues to ensure that its benefits are maximised.

“Want to share your news and thoughts? Email us: lets.talk@bthft.nhs.uk

“It’s hard to stress how important it is that nursing colleagues book their training.”

Jackie Murphy

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Jackie Murphy

EPR Training for Nurses

NURSES should carefully review the EPR Training Brochure and choose the course most appropriate to their job. Courses include: Inpatient Nursing, Outpatient Nursing, Paediatric Nurse, ED Nurse, Student Nurse, Bed Management, Independent Prescribers and Capacity Management.

Some nurses will need to book more than one course, depending on the scope of their role. For example, Capacity Management courses are for those staff who deal with admissions, discharges and transfers which includes inpatient nurses and infection control nurses (as well as HCAs, ED clerks and central admissions staff).

To book, go to www.epr.this.nhs.uk/training. For questions, advice and cancellations, contact the training team on: EPR-Training@this.nhs.uk or call 01484 355682.
How else can you prepare for EPR?

As well as booking your place on End User Training, there are lots of other things you can do to get ready for EPR...

**EPR Play Domain**
The EPR Play Domain can now be accessed via every Trust PC, by clicking on the Play icon on your desktop. Log into the Play Domain to practise your EPR skills. More information about the EPR Play Domain, and the login details you will need, can be found online.

*Find out more here*

**EPR SOPs**
You may find it helpful to use EPR SOPs alongside the EPR Play Domain – SOPs are step-by-step documents which you can use to guide you as you carry out tasks within the system. You can access them via the SOPs icon on your desktop, or via the Trust Intranet.

*Find out more here*

**EPR E-learning**
A number of e-learning packages have been developed for Doctors and Nurses, which will be available on Trust computers shortly. These packages can be used to supplement the classroom based training that all staff receive (they are not a substitute for it). These packages are not assessed - they are simply for staff to improve their knowledge and test themselves.

**Learning Live videos**
These are a great way to see EPR in action. The short films can give you an insight into what EPR will look like and what it will do, but please remember that these show a generic system; the one we will use has been built just for us.

*Watch the videos here*

**EPR Passport**
This is a great way to keep track of all the tasks that your team needs to complete to get ready for go-live. Every department should have a passport that is looked after by one person, but collecting stickers is a team effort.

*Find out more here*

**EPR Noticeboard**
Although the noticeboard competition is over, EPR Noticeboards are still invaluable for sharing EPR information with your colleagues. Fill yours with posters, newsletters, and information from the EPR website to make sure you stay up to speed!

Please remember to tell us what you think!

PLEASE remember to complete the communications survey to let us know what you think about how we’re doing in keeping you up-to-date and informed about what’s happening across our hospitals and the wider NHS – and how you can feed back your views and get involved.

*We’ve put the questions in a short survey which will only take a few minutes to complete – just click the link below.*

[www.surveymonkey.co.uk/r/GYJJFZJ](http://www.surveymonkey.co.uk/r/GYJJFZJ)

Communications is a vital part of any organisation – and never more so than in a big, busy family of hospitals like ours.

*The survey aims to find out how you receive information at work, which methods of communication are most effective, which are least and how you would prefer to feed back.*

Your views are really important to us and will be used as part of a Trust-wide review to improve communications with you. Please answer as many questions in as much detail as possible.

Please do your best to complete the survey by **Monday 31 July** – and thanks for your help!
Let’s Talk... about us: what matters most to you?

Our values give a sense of what’s important to us; they influence our attitudes and behaviours and - most importantly - how we behave with each other and our patients.

As part of our new Let’s Talk programme, we’ve set up a series of hour-long workshops with mixed groups of staff from across all wards and departments.

Sessions, delivered by volunteers from throughout our hospitals, are running all summer and I’d encourage everyone to try and come along to one if you can.

Where organisation and staff values align, evidence shows people feel more positive, motivated and engaged, with increased job satisfaction. So, agreeing to live by shared values is really important!

This is what these focus groups are all about – checking to see if our values are still shared and reflect how we work together.

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This is what these focus groups are all about – checking to see if our values are still shared and reflect how we work together.

It’s an opportunity for you to think about what it means to be part of our hospitals, our values, and, crucially, how we behave towards each other and our patients.

Click here to see the dates; to book please use the Oracle Learning Management (OLM) system or just turn up.
A year in the life of our hospitals

I WAS proud to join our Executive Team and Governors to present our annual report and showcase our achievements over the past year at the annual general meeting (AGM) last Thursday.

Foundation Trust members, the general public and staff all came along to a “Focus on the Future” showcase event in the meeting area around the Sovereign Lecture Theatre which featured stalls highlighting the great work that goes on across all wards and departments.

Key features of this year’s event included the Virtual Ward, our new wing and other planned major developments, a focus on dementia, plus many more exciting projects that are transforming services by improving patient care, patient experience and patient safety.

The evening then switched focus to the formal business of our annual report, with presentations from our chairman Professor Bill McCarthy, finance director Matthew Horner and myself. David Walker, vice-chair of our Council of Governors also presented the membership and governors’ report.

Bill paid tribute to all of you, our staff, praising the way you treat patients with “remarkable skill and compassion”.

I echo those sentiments totally: I’m incredibly proud to be chief executive of this organisation. You continue to deliver the very highest level of care at all times, often in the most difficult and challenging circumstances, and on behalf of the Board I’d like to thank you all.

The AGM gives us the opportunity to feed back to our local community about our performance, the challenges all of us have faced over the last year, how we managed our budget and our future plans.

Following the annual report’s review of the year there was an open question and answer session and a chance to speak with senior staff before Professor John Wright, Director of Bradford Institute for Health Research, delivered our keynote presentation about the ‘City of Research’ and the myriad of world-leading studies being carried out locally.