Next generation nurses on the wards

Designing a hospital for 21st century care

Tony Blair visits the new UCH

Win £100 to spend at Tesco

plus

NURSING SPECIAL
Movers and shakers
Here are four of our latest recruiters at UCLH:

Former general manager of the directorate of infection and microbiology services, Alison Bond, has taken up a new role as development manager (clinical services board). She will be coordinating 10 move and migration teams to ensure all of the services in the clinical services board transfer to the new hospital effectively. Alison said: “Moving to the new hospital is a huge challenge for the Trust as there are so many factors that need to work together to ensure it all goes to plan, including service redesign and the implementation of the electronic patient record (EPR).”

Fresh from a secondment at the NHS Modernisation Agency, Belinda Crawford is looking forward to having contact with patients and relatives as the Trust’s new clinical nurse lead in neurosciences critical care. As the nurse manager for the critical care areas at the NHNN, Belinda will also be on hand to offer clinical advice to staff. She said: “Neuroscience is an area where I believe nurses can make a real difference using their observation skills and ability to support patients and their relatives.”

With 25 years’ experience in neonatal care, Frances Greenall joins us as the first neonatal nurse consultant in London. She will be drawing on her extensive experience to help develop nursing services, develop the care of the whole family and looking at where there are possible gaps in the neonatal service. She said: “Even after all these years, I am still loving seeing these tiny babies get better, go home and then come back and say ‘Hi to me’.”

The lure of our new head and neck cancer unit persuaded Iain Faulkner to move from Sheffield to UCLH as an E grade nurse. Iain said: “It’s a great opportunity and people have come from all over the country to work at this new unit. It has no past history and so it is all about developing new clinics and procedures, and getting involved in how the unit is run.”

Open House
At the new Dementia Research Centre at the NHNN

Visitors were given the opportunity to view the facilities at the Dementia Research Centre, which combines the philosophy of providing outstanding care for patients while at the same time involving them and their carers in research studies, particularly in younger onset and unusual dementias. Professor Martin Rossor said: “The newly refurbished centre has far better facilities and provides more room. We have a 35-strong multi-disciplinary team based here who see patients for research purposes, counselling and to provide advice.”

MS nurses celebrate success at British Journal of Nursing awards

A glittering award ceremony at London’s Savoy proved an evening to remember for multiple sclerosis (MS) nurse consultant, Bernadette Porter, and clinical nurse specialist, Emily Harrison. The pair, who work at the National Hospital for Neurology and Neurosurgery (NHNN), scooped first prize at the British Journal of Nursing Clinical Practice Awards for their paper, A nurse-led patient centred Mitoxantrone within a neurology setting. The paper described how the MS nursing team at UCLH, in collaboration with colleagues in the cancer team, created an integrated pathway (a multidisciplinary outline of anticipated care) to ensure a safe, high quality transition for patients receiving the drug, Mitoxantrone. This included a nurse-led screening clinic to enable a full assessment of the patient, specific information booklets and staff training programmes.

It was the second time that Bernadette has won first prize at the awards. She said: “We are delighted to have won. I think it is very good for neurological nursing and MS nursing in particular, because it shows that MS nurses can change how services are delivered if given the chance and opportunity.”

Emily added: “This initiative shows the important contribution nurses can make to improve patient care and patient outcomes. I am really pleased to receive this honour on behalf of the myself and the team who have all worked really hard.”

Prime Minister visits the new hospital

The Prime Minister, Tony Blair, and the Secretary of State for Health, John Reid, visited the new University College Hospital last month. Mr Blair and Mr Reid were given a tour of the 16-floor hospital, due to open in early summer 2005, and met nurses who will be working in various specialties including cancer and accident & emergency.

Mr Blair said: “I congratulate everyone who has been involved in this project. It will be a fantastic facility and demonstrates real investment in the NHNN.”

Robert Naylor, chief executive, said: “The Prime Minister was clearly very impressed with the new hospital and our proposals to build an ambulatory cancer centre. He shares our vision of developing a health campus that sets new standards of healthcare across Europe.”
Designing a hospital for 21st century care

Research shows that how nurses perceive the design of hospital environments impacts directly on their levels of stress, the recovery rates of patients and so help reduce lengths of stay.

Nursing staff have been kept involved via the Trust-wide sisters’ meeting and the nursing and midwifery boards, plus a small expert group of ward sisters have been consulted on all aspects of design decisions.

So what’s different in the new UCH?

Improving the patient experience
- Bright and airy wards with natural light flooding in from the large windows which also offer spectacular views across London
- Improved ward layout with the standard multi-bay bed having four rather than six beds
- Medical notes at the touch of a button from any one of the hospital’s 2,400 PCs. The electronic patient record (EPR) will start to replace paper across all of the Trust’s hospitals and ultimately speed up the patient journey
- Gender separated wards to protect and enhance patient privacy. Showers and WC’s are situated as close as possible to the multi-occupancy bays – hopefully bringing an end to long walks down corridors for patients in a state of undress. Bathroom doors open into the corridor rather than bed bays to protect privacy. Two hoist-assisted bathrooms on every floor to preserve the privacy of immobile patients. Latch screens fitted to the door windows of single rooms to allow patient privacy
- The majority of single rooms are ensuite and have a bed to allow relatives to stay overnight
- Lockable sections have been added to bedside lockers for the storage of medicines and to encourage patients to self-administer while in hospital
- Sinks placed at entry to majority of bays to act as visual cue to staff to wash their hands and help reduce risk of infection

Helping staff do their work
- No traditional nurses’ stations – instead ‘clinical information centres’ are being introduced to act as staff bases. These are inversely wrapped and so run along the wall with the chairs on the outer edge, rather than behind the desk. “In the past nurses have had to move away from the bedside to complete tasks which creates a barrier between staff and their patients,” explains Louise. “We want to encourage staff to do most of their work at the bedside and involve patients in their own care as much as possible and EPR can help them do that too.”
- Long vision panels in doors to single rooms to allow patients to be easily seen
- Electronic taps in ICU
- Nurse call system that allows the beds to be visually displayed at every clinical information centre either all together or split into smaller component units
- Sinks placed at entry to majority of bays
- Lift facilities in most bays
- New hospital question and answer page on the Trust’s website. Is there a burning question you’re desperate to know the answer to? If so, email newhosp@uclh.nhs.uk. You will get a personal reply and we will also post it on the website to share with colleagues and visitors.

University College Hospital

Check out the new hospital question and answer page on the Trust’s website. Is there a burning question you’re desperate to know the answer to? If so, email newhosp@uclh.nhs.uk. You will get a personal reply and we will also post it on the website to share with colleagues and visitors.

Ian Martin, staff nurse in A&E.

“I cycle to work, will there be somewhere for me to store my bike? Yes, there will be bike storage around the new hospital and at 250 Euston Road, formerly the Prudential building and soon to be the new Trust HQ.”
Autogenic therapy (also practiced by doctors) and relaxation training are given in conjunction with conventional care. If the treatment, or combination of treatments (eg homeopathy, massage and autogenic training), help the patient then they are able to reduce or cut out their conventional medication.

What prompted you to make the move into gynaecology?
Although I enjoyed my role as acting head of midwifery (which I held for 18 months) I wanted to develop my experience within the Trust by applying some of the skills I had learned in midwifery to gynaecology.

A working group is being established to develop a component of the EPR that will enable nurses to document patients’ care requirements. Tony Pritchard, an independent advisor in nursing, is chairing the group which will include representation from a wide range of nurses and midwives. Tony said: “EPR will ensure that there is good communication between everyone providing care and treatment to patients. This group will be making sure that the system allows us to do this effectively.”

Homeopathy Awareness Week (14-21 June) aims to raise the profile of homeopathy in modern medicine. Here Chris Perrin, nurse manager at the Royal London Homoeopathic Hospital (RLHH), tells us about the role of its nurse therapists.

“Our team of six nurse therapists, plus myself, are qualified healthcare professionals who have completed recognised training in complimentary therapies and a Faculty of Homeopathy Primary Healthcare Certificate in Homeopathy (run by the RLHH academic unit). The RLHH runs nurse-led clinics in which a range of therapies are practised (see box) and most of our work is with patients with chronic health problems, such as rheumatoid arthritis, back pain and allergies.

“For many patients, complimentary therapies are given in conjunction with conventional care. If the treatment, or combination of treatments (eg homeopathy, massage and autogenic training), help the patient then they are able to reduce or cut out their conventional medication.

What does your new role involve? To link and coordinate the provision of care across gynaecology services, monitoring quality and developing standards to meet changing needs. To provide a leadership role for nurses’ development in terms of their education, experience and support. I will also be organising the move to the new hospital in 2005.

What prompted you to make the move into gynaecology?
Although I enjoyed my role as acting head of midwifery (which I held for 18 months) I wanted to develop my experience within the Trust by applying some of the skills I had learned in midwifery to gynaecology.

What do you think the main advantages of EPR will be for nurses?
Improved support so failed components are rapidly fixed or replaced around the clock, plus more PCs so that an alternative is always close by 24 hour help desk.

What do you think the main challenges will be?
I lack experience in gynaecology so will have to learn quickly, while still contributing to the department.

What are you most likely to say?
Coffee with milk – not too strong, no sugar.

What work-related thing could you not do without?
E-mail!

What is the main benefit of EPR?
A high capacity system, designed for rapid response times

A high capacity system, designed for rapid response times

Duplication of key EPR components so that if one fails another immediately takes over

Reduction and where possible elimination of planned downtime for maintenance

Improved support so failed components are rapidly fixed or replaced around the clock, plus more PCs so that an alternative is always close by

24 hour help desk.

The staff are really supportive and willing to teach – they are always there for you. I have learnt such a lot here.”

“Another important aspect of our role is patient education. We want to enable patients to look after themselves. An eight-week autogenic training course can help people access a profound state of physical relaxation and inner calm through a series of mental exercises – the patient’s quality of life is improved, it’s something that they can do for themselves – and it can save the NHS money!”

Homeopathy Awareness Week

Homeopathy Awareness Week

Homeopathy Awareness Week

Homeopathy Awareness Week

Homeopathy Awareness Week

Homeopathy Awareness Week

Homeopathy Awareness Week

Homeopathy Awareness Week

Homeopathy Awareness Week
Lessons in learning

UNISON joined forces with the Trust’s IT and electronic patient record (EPR) team to celebrate national ‘Learning at Work Day’ on 20 May. Chief executive, Robert Naylor and director of workforce, David Amos opened this all-day event to promote learning opportunities and to give a taster of EPR and PACS. Staff were able to enrol for a wide range of subjects, from computer skills to UNISON’s popular Return to Learn courses.

Every month we speak to people who work behind the scenes at UCLH to ensure that services run smoothly.

Volunteer Olivia Griffiths and her dog, Spinner, bring a touch of animal magic to patients in the Teenage Cancer Trust Unit (TCTU) at the Middlesex Hospital each week. The pair, who visit the unit every Thursday, work for the charity, Children in Hospital and Animal Therapy Association (CHATA) which arranges for trained volunteers and their animals to visit seriously ill children in hospital. Olivia, who trained as a nurse at the Middlesex Hospital between 1974-1979, said: “Spinner helps bring the children out of a down time in their lives. He provides a touch of normality for the youngsters and is something from the outside world that puts no demands on the patient.”

MoleWatch at the Houses of Parliament

Politicians queued up to have their moles checked by dermatology nurse consultant, Rebecca Davis, when she took part in a health education day at the Houses of Parliament. The MoleWatch was organised by Cancer Research UK as part of the SunSmart campaign to raise awareness of the importance of sun protection in preventing skin cancers. More than 200 staff members and MPs went along to have their moles checked by a team of dermatologists and nurses, and find out more about sun protection.

Rebecca, who was working alongside the dermatologists, said: “There was a huge turnout, which shows what a big issue this is. Although we could not provide a definite diagnosis in that situation, anyone considered to have a problem was advised to go to their GP.”

WIN £100 WORTH OF TESCO VOUCHERS

Tantalise your tastebuds with some tasty treats

Answer this simple question and you could win £100 worth of Tesco gift vouchers to spend on food and drink at the newly refurbished Tesco Metrostore on Goodge Street, which reopens on 5 July.

What is the name of the Tesco Loyalty Card?

a) Tesco Pubcard
b) Tesco Clubcard
b) Tesco Goodcard

Entries can be emailed to suzanne.bartle@uclh.nhs.uk or by internal mail to PR competition, Press and PR unit, Ground Floor, John Astor House, Foley Street. Entries close on 6 July 2004.

Congratulations to May’s competition winner Derek Francois who won a meal for two at Caffé Uno.

Behind the scenes

52 Club offers

Get fit this summer with the 52 Club! Take advantage of the 52 Club’s latest offer that allows you to enjoy unlimited use of our gym, swimming pool, sauna and bar. Pay only £5 for your first month’s membership when you join with a colleague or pay only £10 when you join on your own. We also offer a range of other facilities including aerobics, plates, yoga, bexercise, squash, racquet ball and swimming lessons which you are also entitled to use.

DISCOUNTED MEMBERSHIP

Between 24 June and 7 July

Please cut out this voucher and bring it to the 52 Club to take advantage of this offer.

MoleWatch at the Houses of Parliament

The Hospital for Tropical Diseases (HTD) was established in 1920 in the former Endsleigh Palace Hotel in Euston, by the Seamen’s Hospital Society (SHS). Its origins lay in the Albert Dock Hospital, which had been set up by the SHS as a branch of the Dreadnought Hospital in Greenwich. The Dreadnought Hospital had replaced a succession of three hospital ships between 1821 and 1870 to care for sick and wounded seamen returning from the Napoleonic wars.