

Issue 9 Winter 2006

'n' Views

The Trust Welcomes

THE PRIME MINISTER

Annual HealthCheck Rating 2006

EXCELLENT

Our hospitals have been assessed as the 7th best in the country for the quality of patient care.

Congratulations and thanks to all our staff

The Prime Minister, Rt Hon Tony Blair MP accompanied by his wife Cherie Blair visited the Trust in September to lay the Foundation Stone for the new Whiston Hospital. Their visit to the Trust involved much more than laying the foundation stone, they visited wards and departments, meeting many staff and patients along the way and even took time to look at the time capsule and enjoy a cuppa with the staff !! Read the full story in the Special Edition Pull Out of News 'n' Views inside this edition.



Our very own **Time Team** unearth a 125 year old time capsule!



Mayor of Whiston Cllr Michael Lane, Chairman Mavis Wareham, Chief Executive Ann Marr and Mayor of Prescott, Cllr Mike Wynn with the Time Capsule.

Whilst preparing the Old Chapel for demolition, in time for the commencement of the redevelopment of Whiston Hospital, we safely located and unearthed a time capsule from beneath the foundation stone! To commemorate this amazing find, we held an Opening of the Time Capsule Ceremony – See inside for all the pictures and much more about the event!!



What's inside:

Christmas Message from the Chief Executive

Clinical Governance Newsletter

Time Capsule

New Chapel

Chief Nurse visits Trust

Introduction to the new Staffing Solutions Dept

Christmas Message from the Chief Executive



Christmas always seems to be a good moment in the year to reflect on what the last 12 months has brought and what we as an organisation have achieved.

The hard work and dedication of you all does not go unnoticed by the Trust Board, senior management, patients and families and contributes in no small way to the achievements and success of the Trust.

We have continued to make significant progress in providing high quality services and healthcare for our patients. Everybody's efforts combined has resulted in the Trust gaining an impressive reputation and position in the NHS when we were awarded 'Excellent' by the Healthcare Commission for the quality of services we provide to our patients, this placed us at an impressive 7th best Trust in the country. You cannot fail to notice how the re-development of both Whiston and St Helens Hospitals has gathered momentum, along with a visit from the Prime Minister Rt Hon Tony Blair MP to lay the foundation stone at Whiston, the vision of modern state of the art healthcare facilities is soon to become reality.

I realise the demands on the services across the whole of the Trust are extremely challenging throughout the year and more so during the winter months, I have every confidence that we will meet these demands throughout this period and during 2007 and personally thank you all for your commitment.

I would like to take this opportunity to wish you all a very Merry Christmas and a happy and healthy New Year.

Ann Marr, Chief Executive

TRUST

LOTTERY

RESULTS



The winner of the 2006 Trust Christmas Lottery is

**Mrs BV Cox -
Radiology Dept,
St Helens - £5000.**

The Trust Lottery winners for October are:

£1500	Mrs C McLoughlin - Ward K5, Whiston
£500	Mrs B Duffy - Microbiology, Whiston
£100	Mrs A Baker - Ward D3, Whiston
£50	Mrs J Sturdy - Recovery Theatre, Whiston
£25	Mr D Bellard - Hotel Services, St Helens
£25	Mrs K Orford - Complaints & Claims, Whiston

The Trust Lottery winners for November are:

£1500	Mrs L A Hurley, Maternity Night Duty, Whiston
£500	Mrs L Mc Comas, Project Office, Whiston
£100	Miss J Cunliffe, Medical Card, St Helens
£50	Mrs G Ellison, Paediatrics, Whiston
£25	Dr C E Harris, Consultant, Whiston
£25	Mrs L Dudley, Domestic, Whiston

Note: Prizes can only be issued to lottery participants who have paid all due contributions. In the case of deductions not being made from your pay, please contact the Finance Department on extension 1121. Your payslip should show a separate deduction described as LOTTERY and the amount deducted (£1 for each number).

From OLD to NEW – New Temporary Chapel



Earlier in the year our Chaplaincy Services moved from the old Chapel into the newly converted old main entrance, which now forms our fantastic new

temporary Chapel. We caught up with Reverend Jayne Shepherd, Head of Spiritual Care and Chaplaincy Services, to find out how she was settling into her new surroundings and this was what she had to say;

'Since we moved into our new temporary Chapel at Whiston back in April, we have welcomed many visitors and patients and have been delighted to hold regular services on Sundays and holy days like Maundy Thursday and Good Friday.'

We are very grateful to all our volunteers from local churches, who are specially trained to escort patients, and assist the Chaplains with Sunday services – Mass is held at 11am and Holy Communion at 2pm.'

'Those patients unable to leave the ward are visited and given Holy Communion at their bedside if they wish, but those patients that can be brought to the Chapel by wheelchair are delighted to be able to gather together with others in such a lovely environment'

Another Successful Year at St Helens and Knowsley Hospitals NHS Trust

The Trust held its 15th Annual General Meeting in September. The meeting displayed an interactive road show of display stands, which highlighted the high standards of healthcare and services that are delivered at Whiston and St Helens Hospitals.

The meeting was attended by many staff from across the Trust, members of the public along with the local community dignitaries Madam Mayor of Knowsley Councillor Joan Quilliam, Madam Mayor of St Helens Councillor Teresa Sims and Leader of St Helens Council Councillor Brian Spencer.

Overall the Trust performance is categorised into the following key achievements;

- 98% of patients spent 4 hours or less in Accident & Emergency
- No patient waited longer than 12 hours for emergency admission following a decision to admit
- Maximum 6 month wait for in-patients
- Maximum 13 week wait for out-patients
- MRSA Target reduction achieved
- Number of cancelled operations reduced
- Outpatient and elective bookings targets achieved
- 2 week cancer target achieved in every speciality
- Thrombolysis 30 minute door to needle time achieved
- Hospital Cleanliness score 'excellent'
- All 'Standards For Better Health' core requirements achieved
- All financial targets achieved

All in all the AGM was a huge success and special thanks go to all those involved in the organisation of the day, management of the display stands and to all those who came along and supported the event.



Mr Brian Spencer (left), Leader of St Helens Council, chats with David Bradley, Non Executive Director.



The Interactive Informatics Stand



The Medical Care Group Display Stand



Strategic Redevelopment Display Stand.

The crowd enjoying this years event





Building a Healthy Future

Annual Health Check Rating 2006

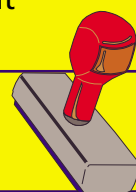
Quality of Services

EXCELLENT

The "Annual Health Check" has replaced star ratings as the Healthcare Commission's method of assessing the performance of NHS organisations. A number of sources of information were used to rate each organisation against "quality of services" covering a range of areas including access to services, safety and the way an organisation is run. Each organisation was rated either excellent, good, fair or weak against these criteria.

The Trust was scored as "excellent" for quality of services provided and below are the standards with which the Trust is assessed:

COMPONENT	RESULTS
Assessment of compliance with core 'Standards for Better Health'	Fully met
Meeting actual targets (inc A&E, cancer, waiting times, thrombolysis, cancelled operations etc)	10 achieved 2 under achieved 0 failed
New targets (inc patient experience, MRI/CT waiting times, GUM, MRSA etc)	11 achieved 1 under achieved 0 failed
Review of children's services (inpatients, outpatients, emergency care)	Fair
Review of admissions management (inc length of stay, A&E, outliers, day case rates)	Good
Review of diagnostic services (inc reporting times, efficiency, waiting times, patient information)	Excellent
Review of medicines management (inc management of controlled drugs, pharmacy input to wards, own use medication, NICE guidance)	Good
OVERALL	EXCELLENT



This tremendous achievement means that our hospitals have been assessed as the 7th best in the country. I would like to thank all our staff for all their hard work and efforts in helping the organisation to achieve this score. The Trust Board have also asked me extend their thanks to each and every one of you.

Ann Marr, Chief Executive

THE **BIG** DIG!

AFTER BEING CONCEALED FOR 125 YRS, A TIME CAPSULE WAS UNEARTHED FROM BENEATH OUR HISTORIC CHAPEL!!

Back in June, over one hundred excited onlookers watched in amazement as our very own time team opened a time capsule, which had recently been uncovered after being buried underneath the foundation stone in our historic chapel.

With the help of builders from Taylor Woodrow, a team of hospital staff carefully removed a perfectly preserved glass bottle from the sandstone block it was encased in, which was filled with coiled up newspapers and ancient documents from 1881.

The bottle stopper was carefully removed and the items inside were carefully extracted. The contents included a order of service programme from the first ever service held in the chapel on Thursday 30th June 1881, and an incredible selection of newspapers from the time – including the Daily Courier, The London Standard and the St Helens Examiner, a list of Board of Guardians and the principal officers of the Union Workhouse, and also a letter stating who the architect and builder of the chapel was.

The letter also stated that in June 1881 when the chapel was built, Reverend Thomas Chambers laid the capsule into the Chapels' foundation stone, and this information is backed up by local historical records which also indicated this.

The momentous ceremony attracted local historians, local school children, general members of the public, and lots of hospital staff which ensured that the Chapel was packed for the very last time, as the following month, the Chapel was finally dismantled as the first stages of the redevelopment process at Whiston Hospital commenced.



School Children from local Whiston Willis Primary School take a closer look at the time capsules contents

Ann Marr, Chief Executive for the Trust said 'We plan to display the fascinating contents of this time capsule in the hospital after the redevelopment – possibly in the new Chapel. We also want to bury our own time capsule which will include displays from local schoolchildren, in the new foundation stone for future generations to enjoy!'

The contents of the time capsule are now being carefully stored and preserved, until after the redevelopment when we shall be able to find a new home for them!

The 125 year old Time Capsule before it was opened



The crowd waited in anticipation whilst the Time Capsule was being opened!!

Les Fairchild Taylor Woodrow Construction Ltd, carefully removed the time capsule from the sandstone block it had been encased in for the past 125 years!!



Chief Executive Ann Marr with Chairman Mavis Wareham and Director of Estates Keith McCreavy take a look at the contents of the time capsule!!

Governance News!!!

We aim to:

- Inform you about the initiatives that are in progress within the Trust to improve and promote quality patient care
- Share the lessons learned from incident reports and complaints
- Give an update regarding what is happening in the four Governance Councils (see below for details)
- Inform you of policies which have been approved

The Governance Story

There are various definitions with regard to Governance and the term Clinical Governance is often used. The Department of Health (DOH) has defined Clinical Governance as:

"Clinical governance is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish" (DOH 1998)

More recently the idea of integrated governance has been developed to provide the umbrella for all NHS governance approaches. This is defined by the DOH as:

"Systems and processes by which Trusts lead, direct and control their functions in order to achieve organisation objectives, safety, and quality services and through which they relate to patients, the wider community and partner organisations". (DOH 2005)

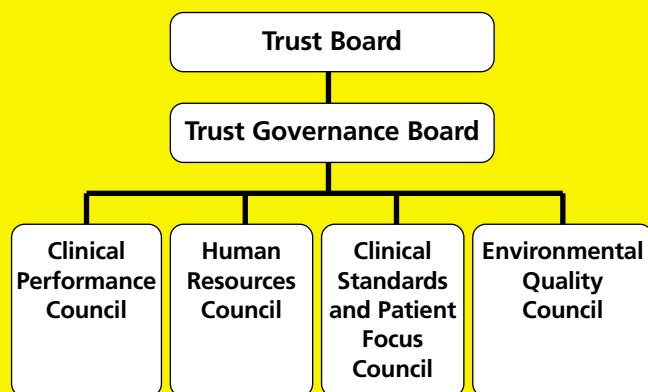
Contact Numbers

If you have a question relating to governance, or anything that you would like us to feature in our future issues please let us know	
Carole Whewell	1703
<i>Head of Governance</i>	
Kate Bielecki	2760
<i>Governance Facilitator Surgery</i>	
Ian Fearnley	2754
<i>Governance Facilitator Medicine</i>	
To be confirmed	1126
<i>Governance Facilitator Clinical Support</i>	
John Vernon	1258
<i>Health and Safety Advisor</i>	
Jeff McIlwain	1564
<i>Clinical Risk Manager</i>	
Barbara Thompson	1218
<i>Research and Development Audit Manager</i>	
Maureen Johns	1065
<i>Personal Assistant to Head of Governance</i>	
Sandra Hegan	2523
<i>Personal Secretary to Head of Governance</i>	

The Trust Governance Board

The Trust Governance Board is chaired by the Trust Chairman (Mavis Wareham), with the Chief Executive (Ann Marr) being the Vice-Chair. This Board meets every third Thursday of the month between 12:00 and 14:00. Suzanne Hinchliffe Deputy Chief Executive/Director of Nursing, Midwifery and Governance has Trust Board lead for clinical and organisational governance with the Finance Director (Alistair Mulvey) having Trust Board lead for financial governance. The Trust Governance Board reports directly to Trust Board and ensures that effective governance systems are in place throughout the Trust, providing assurance to the Trust Board accordingly.

THE GOVERNANCE REPORTING STRUCTURE



Clinical Performance Council

This Council meets on the third Monday of the month between 11:00 and 13:00 and is chaired by Robin Macmillan (Medical Director), with Carole Whewell (Head of Governance) being the Vice-Chair. The Council is predominantly concerned with clinical and non clinical risk management issues; complaints; claims; incident reports and risk management initiatives; child protection; infection control; and consent. They review action plans that are put in place to address initiatives and external risk assessments.

Environmental Quality Council

This Council meets on the last Thursday of the month between 13:30 and 15:30 and is chaired by Alistair Mulvey (Finance Director), with Carole Whewell (Head of Governance) being the Vice-Chair. This Council monitors standards relating to waste; transport; buildings, land and plant; non medical equipment; security; medical devices; fire safety; financial management; emergency planning; decontamination; catering and food hygiene; and environmental management health & safety.

Human Resources Council

This Council meets on the second Wednesday of the month between 14:00 and 16:00 and is chaired by Anne-Marie Stretch (Director of Human Resources), with Carole Whewell (Head of Governance) being the Vice-Chair. This Council reviews all Human Resource & Education & Training related issues e.g. appraisal data; absence monitoring; Human Resources policies e.g. grievance, annual leave; Improving Working lives; Agenda for Change and Occupational Health activity; induction & mandatory training requirements + attendance data; equality & human rights issues; whistleblowing and fair & just blame; recruitment and workforce planning.

Clinical Standards and Patient Focus Council

This Council meets on the second Thursday of the month between 11:00 and 13:00 and is chaired by Suzanne Hinchliffe (Director of Nursing, Midwifery & Governance), with Carole Whewell (Head of Governance) being the Vice-Chair. This Council is responsible for monitoring compliance with audit & research initiatives; National Service Frameworks (NSF's); National Institute of Clinical Excellence (NICE); Citizens in Health (user involvement); clinical skills; records management; dignity & respect issues; confidentiality; patient information; Confidential Enquiries.

Incident Reporting (IR1s)

Incident reporting is a vital part of Governance. Incidents are not reported so that people can be blamed or punished, it is so that the Trust can be made aware of where there may be potential problems, and act to rectify them by offering support, guidance or training, to improve the safety of patients and staff. The Governance Department receives over ten thousand incident forms annually. These forms are reviewed by a clinical member of the Governance team, assessed, graded and investigated if appropriate. The information is entered onto the electronic risk management system (ERMS) and trends identified. Patient related incidents are shared with the National Patient Safety Agency (NPSA) and the Health and Safety Executive (HSE) as required via RIDDOR (Reportable Injuries Diseases and Dangerous Occurrences Regulations). Work is nearing conclusion re; ensuring incident reports are circulated to relevant ward/department staff on a regular basis. This will then enable ward/department staff to be able to notify the Governance Department of actual actions taken to address/ minimise risks identified.

The Healthcare Commission and Standards for Better Health

In 2004, The Department of Health published the Standards for Better Health, a new performance framework for the National Health Service that sets out the level of quality that all organisations providing NHS care will be expected to meet or aspire to across the NHS in England.

There are two types of standards, core (24) and developmental (13). Core standards describe a level of service which is acceptable and which must be universal. Meeting the core standards is not optional. Trust Board, Trust Governance Board together with the 4 Governance Councils have been assigned both core and development standards and are responsible for ensuring compliance. The Standards for Better Health can be found in the Governance Strategy which is available on the Trust intranet or via the Department of Health website www.doh.gov.uk

The Trust has submitted its final declaration to the Healthcare Commission relating to the Core Standards for Better Health (year 1). The Trust has declared 100% compliance, and details are available on the intranet. The final declaration also contained comments on the effectiveness of the Trust's governance systems & some clinical and non-clinical standards e.g. catering; patient information re; mental health services; infection control & palliative care. These were submitted by external agencies namely; the Strategic Health Authority, St Helens Overview and Scrutiny Committee, the Patient Forum (the roles of which will be explained in a future newsletter). Each directorate is currently gathering a portfolio of evidence to demonstrate compliance against these standards. If you have been involved in any initiatives that further demonstrate practice in relation to any of the standards please let one of the Governance Facilitators know.

Further details can be found at www.healthcarecommission.org.uk and www.doh.org.uk

National Institute of Health and Clinical Excellence (NICE)

NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Guidance is available for:-

- public health - guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
- health technologies - guidance on the use of new and existing medicines, treatments and procedures within the NHS
- clinical practice - guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.

When the guidance is published, the Medical Director allocates a clinical lead, who reviews the guidance and advises about the Trusts compliance status, implementation needs or concerns. The clinical lead notifies the Governance Facilitator for medical care who submits the Trust data to the Strategic Health Authority and Department of Health. For further information see www.nice.org.uk

Trust Board Team Talks & Team Visits

The Chairman and the Chief Executive have continued with the TEAM TALKS and TEAM VISITS throughout this year, visiting many wards and departments across all Trust Sites. The visits have been a very positive two way communication process giving the Chairman and the Chief Executive the opportunity to see for themselves what is actually happening on the wards and in the departments and the challenges that staff face.

During these visits and lunch meetings staff have raised some very interesting and informative issues highlighting the challenges they face and the positive vision they have for the future.

The visits are not meant to be seen as “problem solving” events, but some issues do come up frequently, and it is felt that it might be helpful to share some of the actions taken as a result of the feedback received.



Ann Marr Chief executive chats with staff at a Trust Board TEAM TALKS lunch meeting

COMMENT	ACTION
Redevelopment of Hospitals	
Staff have requested a progression montage from demolition onwards	Work is in progress to produce a montage via the Communications Task Group which will be displayed in prominent places around the Trust
Transfer of staff to FM services is a concern	Regular newsletters to staff involved have been produced and 1:1 meetings with all staff have been completed. The staff involved transferred across on 1st December.
New wards are twice the size of wards at the moment, this highlighted the need for more junior staff - concerns regarding redundancies of senior staff	Workforce plans will address all staff disciplines. There are no redundancies planned.
Day Case Unit should not be planned on the ground floor	There are no plans to place the Day Case Unit on the ground floor
Car Parking	
Concerns raised regarding safety	The multi-storey car park is fitted with security cameras and is lit throughout the night. There are panic buttons in the lifts and the car park is regularly patrolled as part of the security route
Lack of signage on courtesy bus	A brand vehicle came into operation in November, which is now more identifiable as the 'FREE' Trust courtesy bus.
Frequency of the 'FREE'courtesy bus service needs advertising	The frequency of the 'FREE' courtesy bus service is noted within all patient correspondence and on the hospital site maps. A more structured bus service timetable is to be introduced in the very near future.
Staff have requested facility to park bikes	Work is taking place to ensure there is adequate bike parking throughout the construction period



Ann Marr Chief Executive (right) and Paul Clark Non-Executive are shown how heart conditions are detected by Karen Robotham - Highly Specialised Cardiac Clinical Physiologist



Mavis Wareham, Chairman (left) visits the staff in the AED pictured with Paul Cassidy, Charge Nurse and Denise Davey, Sister



Ann Marr Chief Executive and David Bradbury Non-Executive meet the staff on Wilcock Ward - St Helens Hospital

Foundation Trust

Staff have requested further information to be supplied (i.e. what FT means to staff)

Regular updates are provided within Teambrief. Information is displayed on the noticeboard in the main concourse. All staff have been contacted with regard to becoming staff members. Briefings have taken place which were open to all staff

Concern that Trust will take on a loan it cannot repay

Strict guidelines are in place which do not allow NHS Trust's to borrow more than they can repay

To generate income would private work be done in the Trust?

No more private work than that carried out at the moment can be undertaken



Ann Marr Chief Executive (left) Simon Gelder, Head of Pharmacy, Paul Clark Non-Executive and David Smith, Deputy Head of Pharmacy take a look at the new Robot which is helping to speed up the process of dispensing medication

Informatics

Audiology Services - looking towards paper free system

Work is in progress through the Diagnostic integrated service improvement programme. Further information will be communicated via the care group

Staff expressed frustration by lack of computers on wards

All wards within the Trust are now in receipt of computers.

Shared Business Services

Staff have expressed anxiety regarding redundancies, morale very low and lack of communication regarding the process

The impact of SBS on staff morale is recognised and appreciated. Meetings with staff who face potential redundancy have been arranged with the Director of Finance, HR colleagues and representatives from Staff Side to listen to and address, where possible, concerns and queries from staff

Communication

Some staff do not have access to Teambrief, especially at St Helens Hospital

A system is in place where on Teambrief day, Teambrief is given to all ward managers by lunch time and is again given to all senior nurses at the Senior Nurse Forum on same day. They then cascade within 24 hours to each of their departments

Staff would like to get involved in business planning within their care groups

A business planning information pack has been produced which will be made available to staff within the Trust



Sharon Edwards Chief Neurophysiology Technician (left) Ann Marr Chief Executive, Paul Clark Non-Executive, and Lynda Marcroft, Head of Neurophysiology

Clinical Issues

Concern was expressed that there is still not enough syringe drivers or pumps

During 2006 the Trust has purchased 15 infusion pumps and 8 infusion PCA pumps. Work is ongoing to standardise these pieces of equipment throughout the Trust

CSSD packs are being opened inappropriately

The matter has been investigated and to date there is no evidence that this is an ongoing problem

Staffing levels reduced on wards due to patient escorts

The use of volunteers is being explored to try and maintain adequate staffing levels on wards

Prosthetics and income recovery

Work is ongoing with regard to recovering income from the prosthetics service and other areas within the Trust where there is income generation

TEAM - Together Everyone Achieves More !!

An introduction to the Staffing Solutions

• Introduction

The Staffing Solutions Department is principally an in-house agency for the supply of temporary nursing, clinical and administration staff to support all wards and departments. Set up some 16 + years ago initially as a small relief pool to accommodate last minute sickness on night duty, it has now evolved into a £4 Million business per annum. Open seven days a week to meet the ever growing thirst of the Trust for Staff.



Dave Evans, Staffing Solutions Manager with the Team receiving training from Katie Holmes (seated) Training Manager Key IT Systems

up' for them. Many shifts are last minute and as a result of sickness, and service level demand from the acuteness of our patients.

Demand is not constant in proportion to the number of advertised vacancies, which has shown a marked reduction over the year.

We have to be aware that temporary work may indeed become a first

• Developments

The last three years have seen, many changes in the way we manage and utilise the resources of the Nurse Bank, we have formed a city wide consortia with our local Acute Trusts, resulting in a bank with some 3000 employees all of whom can if they choose, work across the 3 Trusts.

This is as a direct result of meeting the new standards of practice imposed via the recently set up Special Health Authority for Temporary Staffing, trading as NHS Professionals, with a remit to reduce the reliance we had on Commercial Agencies, and improve the terms and conditions for temporary staff, with in the work place.

We are used as a centre of reference (country wide), with regards to our overall management and the set up of our operation. Our overall costs are some 4% lower than that of NHSP (with a much better fill rate).

At St Helens and Knowsley alone, we fill some 400 to 600 shifts per week (Approx 80 Whole Time Equivalent staff) and across Merseyside 12,000 shifts per month.

• Audit Office

The last year has seen the Internal Audit arrive at the Staffing Solutions Department, which resulted in the need to review some policy and practice.

As a direct result of the audit we have removed some possible avenues for over spend and tightened upon the ordering process giving more onus to the Ward/ Department Managers and their Deputies.

The process of ordering has resulted in the 'order number' being the focus of spend, and the number of staff eligible to order being reduced. This along with the role out of the WEB based booking system has given the wards/departments the option of forward planning.

• Drive and Demand

The demand for staff is made at Ward and Department level and as such we are a reactive resource, albeit when we are aware of developments and trends we try to 'staff

choice to the over 50's, as more and more 'post baby boomers' become eligible for early retirement.

We at St Helens and Knowsley are ready for that move.

• Information

We strive to give the Trust the best possible service and to that end we are constantly looking to improve our operation.

We have for some time produced management information detailing the usage of the Nursing and Agency staff utilised over the previous week.

This information can be broken down for the individual wards/departments into individual shifts if requested.

• Communication

The Staffing Solutions office takes and makes between 2800 and 3300 telephone calls per week.



Tel: 0151 430 1302

We can also be contacted via Email and Fax.

Fax: 0151 430 1986

Email: staffingsolutions@sthk.nhs.uk

• The Future

We will continue to lead from the front via the Staffing Solutions User Group, this group made up from all Directorates and encompassing a mix of Divisional General Managers, Lead Nurse's, Matrons, Ward Managers and Finance.

The purpose of the group is to review and update the Policies and Procedures of the Nurse Bank and regulate the reasons for usage.

It is envisaged that this year we will oversee new developments in:-

Department

1. Planning Off Duty to include holiday management.(may include rostering exercises)
2. Budgetary Management, looking at expenditure against baseline.

• Conclusion

Further modernisation of the service will be reviewed as required, and exercises in temporary staff management undertaken as the service needs indicate.

The Staffing Solutions Department remains at the forefront of Temporary Staffing across Cheshire and Merseyside and beyond.

We have introduced:-

Safe and well-trained staff.

A comprehensive training package for all new employees, over the Trust induction, and actively encourage staff to embark on NVQ training whilst still providing for their mandatory needs.

Cross cover of staff between trusts.

Utilisation of the resources of the Merseyside Consortia to promote the most cost-effective use of our staff.

Systems to minimise time spent by clinical staff arranging cover by offering a standard booking process via the WEB and promoting good communications between clinical areas and bank services.

Finally...

We ensure that patients experience is improved by having locally employed temporary staff who have professional development determined by both personal aspirations and the needs of the Trust we serve.

STOP PRESS

Admin and Clerical
Bank opening
1st January 2007

Chief Nurse for England visits Trust

On 31 July the Trust was delighted to welcome Christine Beasley CBE, Chief Nursing Officer for England, to launch the Nursing and Midwifery Strategy 2006-9. In addition to visits to wards and departments, nurses, midwives, managers and members of the Trust Board joined Chris for the launch and to view the extensive displays of work by staff.

For copies of the strategy, please contact Suzanne Hinchliffe, Director of Nursing, Midwifery & Governance on Ext 1134.

As we celebrate the achievements of the past, nurses and midwives have played a key role in helping the Trust achieve many of the government targets and they are to be congratulated. This strategy and actions will provide the catalyst for the continued growth of nursing and midwifery, and a direction of travel for the next three years, supporting our talented nurses and midwives and realising continued improvements in patient care.

Our focus is to ensure our patients feel that they really matter and that the hospital is a safe, clean and caring environment where patients, their families and carers can feel confident. To achieve this goal, robust leadership and a workforce that is motivated and committed will be key.

The nursing and midwifery strategy 2006 - 2009 aims to realise the full potential of nursing and midwifery, to provide care that is patient focussed, champions quality standards and achieves positive patient experiences. It has also been influenced by a number of national and local priorities including Choosing Health (DoH 2004), National Service Frameworks, Children's Act 2004, and 'Our Health, Our Care, Our Say' 2006.

To enable this vision to become a reality, our nurses and midwives will need to work in closer partnership with fellow professionals, families, education providers, social services and the voluntary sector.

The development of this Strategy has involved nurses and midwives across the organisation with consultation sessions being held to enable staff to express their views.

Four themes have been chosen which set the framework for our streams.

These include:

- * Inspirational leadership
- * Quality patient care
- * Modern Nursing Careers/ new ways of working
- * Public engagement and patient experience

Our aim is to recognise the valued contribution of all nursing, midwifery and other care staff through continuous professional development and leadership. This strategy will drive forward future models of care to deliver patient choice, bringing a stronger voice for patients, a greater freedom for staff innovation and an organisation that really is the first employer of choice.



Christine Beasley (right) chats to a member of nursing staff



Our aim is to recognise the valued contribution of all nursing, midwifery and other care staff through continuous professional development and leadership. This strategy will drive forward future models of care to deliver patient choice, bringing a stronger voice for patients, a greater freedom for staff innovation and an organisation that really is the first employer of choice.

Strategic Redevelo

The major construction works at both hospital sites has really got well under way now. In the very short time of the last four months we have seen an enormous amount of work by the building teams on both sites.

On the Whiston site a large demolition programme took place initially to clear the area in readiness for the building work to start. The chapel was carefully dismantled, and the artefacts such as the stained glass windows have been shared between the Trust and the local heritage group. The chimney belonging to the boiler house had to be carefully taken down during the night as the dust and soot that was released would have totally covered cars and people when commuting during the day.

The ground is now being prepared ready for the foundation concrete slabs to begin which will grow over time and we will be able to see the actual shape of the new hospital before too long. The huge structure that seems to have appeared from no where recently (pictured) is the lift shaft at the new main entrance of the new hospital. Another similar structure will be put in place soon which will be built purposely for the facilities services when the new hospital is complete.

There are currently three tower cranes on the construction site and with a further three cranes to come, this gives some indication how big and complex the construction of our new hospital is and will be finished by the end of 2010, just watch how quickly that will come round!



Construction work is well underway on the Whiston Hospital Site (top) and the artists' impressions of the new main entrance (above) and the Accident and Emergency entrance (right)

Project 2006



Simultaneously, work at St Helens is progressing well, the area opposite Elyn Lodge has undergone a massive transformation in the last few months. This site has not had the demolition period to endure. There is a very large grassed, bumpy area to change and level in readiness to commence the major construction works. The construction staff have worked extremely hard to ensure they are on schedule for a completion of the new modern state of the art facilities by the end of 2008. The site has 4 tower cranes already in place and the work that has been done so far has finalised the ground floor concrete slabs. So in under 100 weeks we will see our first new hospital complete.



Richard Miles Project Director St Helens, pictured with Ann Marr, Chief Executive overlooking the construction site with Elyn Lodge in the background



Artists' impressions of the new entrance to the St Helens Hospital (left) and how the new Atrium will look (above)

Myth

The Multi Storey Car Park is NOT subsiding.

Truth

The gradient of the floors allows water to run off into the drains to prevent flooding.

Truth

There are currently 100 more parking spaces at Whiston than what we used to have

Staff

Please park your vehicle in the designated parking areas. Please do not park in the local neighbourhood causing difficulty for residents, service and emergency vehicles to access their homes.



Electronic Staff Record

The Story So Far ...

The project to implement ESR, the new Integrated Payroll and Human Resources System across the whole NHS is now well underway. The Trust is included in Wave 7 of the National programme which means the system will go live in April 2007.

ESR will replace the current St Helens & Knowsley NHS Trust Prism and Standard Payroll Systems, but providing the added advantage of streamlining current procedures, a decrease in duplication of data and data input, more user friendly report writing and in the longer term, access to a self service facility for both managers and staff. The three key benefits of ESR as identified at a national level are:

- Streamlined administrative processes
- Improved Employee Experience
- Continued Modernisation of the NHS

So what does this mean for you?

At present our Human Resources and Payroll information is held on a number of different data bases (Recruitment and Training for example) all of which require input and updating, the introduction of ESR will streamline and reduce duplication of this data.

The New system will support the Trust's focus on improving the employee experience and modernisation. Current processes such as a recruitment, pay, development, KSF and appraisals will be recorded on one system, a function that the current system does not possess.

Automatic access to statistical data by the Department of Health and Strategic Health Authority will significantly reduce the requirement for in-house preparation of reports. (Staff should not however be concerned about inappropriate access to personal data, careful consideration and attention has been given to data protection rules and legislation; information held in the data warehouse will be anonymised and access to personal data will remain strictly restricted).

Meet the ESR Team



Left Rob Simonds (Cluster Project Lead), middle Jan Corby (Payroll Co-ordinator) and right Jill Moran (Admin Support)

The Trust is part of the St Helens & Knowsley Payroll Cluster which includes our partner organisations St Helens PCT, Knowsley PCT, Warrington PCT and 5 Boroughs Partnership NHS Trust. The Cluster Project Lead is Rob Simonds, supported by key project group members including Jill Moran, Admin Support and Jan Corby, Payroll Co-ordinator. Payroll, HR, IT and Finance Leads make up the full "ESR Team" and details of all the Trust's ESR Team is included elsewhere in this issue. The Payroll and HR teams will play a key role in the implementation as they will be subject to significant testing and validation work along with changes in the way their work is undertaken.

Progress So Far ...

We have recently passed Readiness Assessment 1, the first major milestone in the project and have also completed work mapping local payscales, organisational workstructures and data cleansing.

Key users have attended initial training events with more detailed sessions planned for all users of the system. We will soon receive our first FUSE Report from McKesson to inform us how well the data has migrated into ESR, where the data hasn't been picked up and if any data is missing.

The next three months are very busy with Local Solution Testing taking place in December – more details in the next issue of ESR News.

Frequently Asked Questions (FAQ's)



1. Will ESR affect how I am paid or when I am paid?

No, the method of salary payments and your salary will continue to be paid into your account on the 28th of the month.

2. Will my payslip change?

Yes the format of the payslips will be different and hopefully staff will find them more user friendly. McKesson will be responsible for producing the new payslip. An example of the new style payslip with an explanation will be provided in a later newsletter and sent out with payslips later in the year.

3. How long does it take to implement ESR to a Trust?

ESR Plans are based on a seven to nine month preparation period in readiness for go live on ESR. This timeframe is allocated to prepare Trusts in various areas such as technical environment (computers and networks), data migration, training, testing and change management activities. For the Trust the seven to nine month period ends in April 07 when the system goes live.

4. Will we be able to customise ESR locally?

The ESR system has been designed with significant help from a large number of NHS representatives. It is a single, national solution that has been designed to fit the whole NHS. Therefore, it will not be possible to customise the system locally.

However, during implementation the Organisation's structure, posts and local pay elements will be transferred from the current system onto the new system to ensure that the ESR system incorporates all the existing information for each individual Trust.



5. Will ESR incorporate an appraisal management system?

On your personal record ESR will provide the ability to store details relating to your PDP. It will record whether an appraisal/PDP has taken place, who with and when the next review is due. When the self service function is implemented this function can be used to its full potential, recording/viewing PDP information such as objectives and training needs.

6. IT projects have a bit of a chequered history in the NHS, why is ESR different?

ESR is an integrated HR and Payroll system designed with NHS input to meet the needs of the service. In addition, sound Project Management methodology is applied to the project and it is managed as a programme due to the size and complexity of the system. Effective governance is crucial in a project of this size. The partners involved with this initiative combine to bring a wealth of experience to support a project of this size and complexity. They include:

- McKesson (prime contractor)
- Oracle (software provider)
- IBM (hardware provider)

Having said the above, the ESR project continues to face challenges every day, which is normal for an endeavour of this size.

Key ESR Trust Contacts:

Rob Simonds Cluster Project Lead	0151 430 1117
Jill Moran Project Admin Support	0151 290 4183
Jan Corby Payroll Co-ordinator	0151 290 4183
Margaret Huyton Payroll Ops Manager	0151 430 1095
IT Lead	0151 430 2001
Mark Green HR ESR Co-ordinator	0151 430 4127
Dave Brimage Finance Lead	0151 430 1160
John Foo HR Lead	0151 430 2378
Richard Wolfenden McKesson Implementation Consultant	07818 458127

Useful Links:

Further information about the National ESR Project can be found by visiting:
McKesson ESR Website:
www.ersolution.co.uk

Dress Code and Uniform Policy



1. Introduction and General Principles

As employees, the image presented to patients, visitors and other staff reflects the view people have of St Helens & Knowsley Hospitals Trust. For this reason, you are asked to be aware of presentation of self and to adhere to this policy at all times when representing the Trust.

This policy refers to all staff both male and female.

Non-uniformed staff must be dressed in clean smart clothing which must accord with the standards required by the manager and with due consideration for personal and patient safety.

2. Responsibilities

- Staff who have special circumstances or needs, including those with disabilities and/or ethnicity issues should discuss their needs with their Line Manager or Head of Department.
- Some departments within the Trust will authorise the wearing of specialty specific uniforms e.g. theatres, ICU. Each employee must adhere to specialty specific uniform requirements in conjunction with this policy.
- It is the responsibility of each individual employee to ensure that when required to wear protective clothing for the purpose of their role they do so.
- It is the responsibility of the Trust to ensure that employees are provided with suitable and sufficient protective clothing to undertake their duties in a safe manner and that any equipment provided is maintained to a high standard.
- It is the responsibility of the Trust to provide training for employees who use personal protective equipment to undertake their duties. It is the responsibility of the employee to co-operate with their employer and attend training sessions which have been provided for this purpose.
- Scrubs must not be worn outside of the clinical environment

3. Uniform

The purpose of the wearing a uniform is to:

- minimise cross infection
- maintain professional appearance
- enable easy identification
- protect staff and patients from trauma/injury and promote health and safety



Uniformed staff must wear a clean, pressed uniform which is appropriate for their grade/area of work. The uniform is unique to the Trust and makes a member of staff identifiable as a Trust employee. Therefore, uniforms should be worn correctly with no unauthorised adaptation or alteration.

Travelling in uniform (excluding community staff/hospital at home staff) must be kept to a minimum.

N.B. No alterations are to be made to uniforms supplied to staff unless undertaken by the sewing room

4. Limitations on Wearing Uniforms

The wearing of uniform outside the hospital grounds when off duty is strongly discouraged (i.e. to and from work).

Ideally, when not on the Trust premises, staff without changing facilities should ensure that their uniform is completely covered by a long coat unless the weather is so warm, as to make the wearer uncomfortable. Wearing uniform outside of the hospital other than to travel to and from work/performing Trust duties is not permitted.

Wearing uniform outside of hospital other than to travel directly to and from work/performing Trust duties is not permitted.

Staff attending occasions outside of the hospital and wishing to wear uniform as a representative of the hospital must have the authority from their manager.

5. Laundering of Uniforms/Scrubs

The Trust provides facilities for those staff who wish to have their uniform laundered by the organisation. However, many prefer to launder their own uniforms and those who do so must launder their uniforms in accordance with the Trust Uniform Laundering Policy i.e.

- Uniforms should be transported in a separate bag, then washed separately from other clothing in a hot wash (60°C).
- This should be followed by hot tumble dryer and/or hot ironing.

5.1 Soiled Uniforms Whilst on Duty

Any uniform that is soiled during working hours must be replaced immediately and the soiled uniform is to be placed in a red alginate laundry bag. During normal working hours clean uniforms may be borrowed via the sewing room. Out of hours disposable scrubs will be available on C2 for Medical Care Group staff and on G4 for Surgical Care Group staff.

6. Maternity Wear

White Trust maternity dresses are available. Larger size uniforms are available if preferred.

Staff requiring a maternity uniform should approach the Sewing Room where a pool stock will be kept.

Maternity wear will be lent not given and must be returned to the Sewing Room upon return to work following the birth. A failure to comply may result in a charge to that individual.

7. New Starters

All new starters are required to attend the Sewing Room with a signed uniform verification/authorisation form to collect their individually named uniforms. (Specially ordered uniforms take up to 4 – 6 weeks).

8. Replacement Uniforms

New uniforms will only be issued on return of old uniforms and production of an verification/authorisation form signed by the line manager. New uniforms will be issued within 4 weeks (wherever possible).

9. Staff Leaving Trust Employment

Staff leaving the Trust employment are required to return their uniforms to the Sewing room. Failure to do so may result in a charge being made.

10. Bank/Agency Staff

Bank staff will be issued with 1-2 dresses or 1-2 tunic/trousers (if available). Unqualified staff will be issued with grey striped uniforms, with all qualified staff being issued with blue striped uniforms.

Agency staff are to wear the uniform as outlined in their staff handbook and comply with the principles detailed in this policy.

11. Students and Cadets

Students/cadets will be issued uniforms by their education institution.

Students and cadets must comply with the principles outlined in this policy whilst working in within the Trust.

12. Wearing of Scrubs and Scrub Style Tunic and Trousers

Theatre and Anaesthetic Scrub suits (must not be worn outside the clinical environment).

Male and female staff working within Theatre/Anaesthetics must wear the designated theatre scrub suits found in these areas. At no time are these to be worn outside of the theatre area and must be laundered through the laundry service. Dirty scrubs should be placed in the appropriate skips within theatres only.

Scrubs worn in emergency situations e.g. Anaesthetist being called to a cardiac arrest, are to be covered with a gown and clothing changed upon return to original department.

Emergency Department/ICU/Burns /Endoscopy

Male and female staff working within the above areas may wear the designated theatre scrub suits provided by these departments

Radiology

Designated staff undertaking fluoroscopic / interventional procedures may wear theatre scrub suits provided by the Department – in accordance with the principles of this policy.

13. White Coats

White coats will be issued to Doctors on production of an authorisation/verification form signed by their line manager.

14. General Standards

Hair

Hair should be clean, neat and tidy. Only necessary hair accessories may be worn.

Hair that is at collar length or longer must be both tied back and worn up so as not to reach below the collar or fall into the face when leaning forward. Hair gel should not be worn in clinical areas.

Personal Care/Make-up

Nails should be clean, short and without nail lacquer. False or acrylic nails are not permitted in clinical areas. Make-up should be discreet and the use of strong perfumes/aftershave avoided. Male staff should be clean shaven -or a beard/moustache kept neat and tidy.

Jewellery

Jewellery must not be worn with the uniform, with the exception of a single plain band ring (no stones) and 1 pair of small, plain gold or silver ear studs (1 only per ear). No other body jewellery of any kind may be visibly worn by staff involved in direct patient care. Wristwatches must not be worn but securely pinned (similarly to a fob watch) to the uniform to prevent any hazards to patients. SOS chains and bracelets should be attached to the inside of the uniform. Charity bands are not to be worn in clinical areas. Personal mobile phones must not be used under any circumstances when in a clinical area.

Badges

The Trust 'identification badge' stating name and title and 'photo-badge' are the only badges to be worn and must be displayed at all times during working hours.



Replacements are available via Workforce Planning Department. A maximum of two other badges, for example a professional or union badge may be worn. These must be worn with due regard for patient safety. Novelty type badges are not acceptable with exception to

those approved for wear in Paediatric areas.

Sweatshirts and Cardigans

Additional Garments which may be worn over uniform within the hospital:

- A plain cardigan / other Trust garments e.g. Trust hooded cardigan/sweatshirt. These must not be worn at the bedside or when providing direct patient care.

Shoes and Hosiery

Shoes should be a full plain black, navy or white, flat heeled, leather/leather type (not suede) with quiet soles and sturdy, either in a lace up or slip on design which are not likely to slip. Shoes must be clean, polished and in good repair. Health and Safety Regulations are not discretionary, therefore open toe sandals or shoes are not permitted. It is recommended that staff keep specific footwear designated solely for use when working within a hospital clinical area. In certain departments safety footwear MUST be worn by the following staff – catering; maintenance service managers; maintenance staff; supervisors; estate officers and electricians

Trainers are acceptable within designated areas e.g. Emergency Department provided they are clean and within the same colour range as shoes.

Clogs may be worn with scrub style uniform only in the Theatre/Maternity area.

Tights/stockings should be of a suitable colour in line with uniform being worn.

In the summer discretion may be allowed in the wearing of tights/socks in accordance with the managers instructions. Shoes/sandals are to be worn at all times i.e. no bare feet.

Ties

If ties are worn during direct patient care, these must either be tucked in or a tie pin used.

Eating and Smoking

Eating in uniform is only permitted in the designated areas, i.e. staff dining room.

Smoking is not allowed in Trust buildings and is to be in accordance with the Trust No Smoking Policy.

Tattoos

Tattoos are to be discreetly covered whilst on duty.



15. Allowances on the Grounds of Religion, Creed or Culture

Any member of staff wishing to wear a particular type of clothing or jewellery for religious, creed or cultural reasons will be asked to discuss this with their Line Manager, who will not withhold approval unreasonably. If approval is denied, an appeal may be made in writing to the Director of Human Resources and ultimately to the Trust Board.

Any member of staff wishing to vary this policy on the grounds of disability or health, will require a written recommendation from Trust's Occupational Health Department which is to be forwarded to their line manager.

16. Dress Code

Non-uniformed staff must be dressed in clean smart clothing which must accord with the standards required by the manager and with due consideration for personal and patient safety.

Please see full dress code/uniform policy on the intranet



Doctors V Nurses Hospital Cricket Match!

One sunny Sunday in August, former Widnes patients at Whiston hospital paid tribute to the clinical staff who saved their lives by supporting them at a morale boosting cricket match!

Scores of patients who battled through serious illnesses gave something back to the doctors and nurses participating in the cricket match, by flocking to Widnes Recreation Club to see Whiston's Intensive Care Unit Nurses take on the Whiston Hospital Doctors!

Our very own Tommy Noon (of the Intensive Care Unit, Whiston) who helped organise the day was overwhelmed by the support the event received from the past patients.

He said 'All the patients who we treated came to support us. They were all either people who were in the unit themselves and survived, friends, family or just well wishers, we couldn't believe the response!'

A special thanks also goes to Harry and Sheila Potter of Widnes Recreation Club, for their very kind donation of the venue, cricket equipment and refreshments.

Dr Tush Mahambrey claimed the winning trophy, after Dr Patrick Nee spear headed the attack after knocking 53 to pinch the game by 3 runs!!!

Awards also went to Craig Noon and Matthew Valentine for the best Young Players of the Day!!

Well done to all our staff who participated!!



When the Going gets Tough ... Stress Awareness Open Day



Joanne McClory handling the pressure!

Once again the Occupational Health Department held its annual open Day. The theme for the day was stress awareness.

There were many exhibits where staff could get information on how to relieve both stress at home and at work. The community police had a stand that gave information about Zero Tolerance, Harassment and

Bullying. There were different alternative therapy treatments available.

St Helens Council leisure services offered fitness testing as well as some great free tickets. Knowsley Metropolitan Borough Council gave passes for free swims. Six lucky winners won pairs of tickets to see Status Quo at Knowsley Hall.

All in all it proved to be a very productive day and lots of staff wanted to know "when are you doing this again?" The answer is ... June 2007 ... Watch this space!!!!



Back row: Ray Langford, Joanne McClory and Karen Brayley. Front row: Barbara Hunt, Clare Seabrook and Kelly Lea



Jackie Heyes, Karen Brayley and Tony Truong

Chris smashes his target for Lifesaving Baby Incubator Campaign!



Chris Knights running the London Marathon (insert) and beside a baby in an incubator he has raised the money to buy

The marathon fundraising drive which Chris Knights, Director of Service Development, set up to buy a special transfer incubator which could help to save babies' lives finally reached the finish line – **SMASHING ITS £10,000 TARGET!!**

Chris who kicked off the campaign by running the London Marathon amassed thousands in sponsorship, and through our local paper the St Helens Star, many more donations came through from members of the public, patients and staff, all helping us climb to the top and smash the target set.

The total amount raised stood at £15,808.25 which has exceeded the initial target. It follows a huge donation of £8,260 to the campaigns pot from Taylor Woodrow Construction Ltd, who successfully completed the Three Peaks Challenge and donated all money raised through sponsorship to the Chris Knights Incubator Appeal.

Staff from Taylor Woodrow scaled Ben Nevis, Snowdon and Scafell Pike inside 24 Hours...a mammoth challenge! However the determined staff completed the challenge and now that the target has been reached, we can now buy with the important transfer incubator, which will transfer sick babies to and from other hospitals.

Local Fire Servicemen from Whiston also helped us achieve the target after they ran the Liverpool half marathon and added their sponsorship money to the pot.

Delighted Chris said, "I have been overwhelmed by the level of support that I have received both from local residents of St Helens and Knowsley and also the very kind donation from Taylor Woodrow, our PFI (Private Initiative Finance) partners. When I started out with the training for the marathon I hoped that I would be able to at least make a contribution to the purchase of a new incubator, however I clearly underestimated people's generosity as we are now able to buy one outright!"



Paul Harris, Customer Director (right) with members of the Taylor Woodrow Construction Ltd team presenting the huge amount of money they raised.

Spiritual Care Department - Christmas Events

Sunday 10th December 3.30 p.m. - League of Friends Carol Service in the Dining Room, St Helens Hospital.

Thursday 14th December 2.30 p.m. - Service and Blessing of the Crib with the children from Whiston Willis School in the Chapel at Whiston Hospital.

Wednesday 20th December 7.30 p.m. - Carol Service in the Chapel at Whiston Hospital followed by Carol singing on the wards – coffee and mince pies afterwards.

Sunday 24th December - Christmas Eve Mass at 10.30 a.m. in the Seddon Suite, St Helens Hospital.

Sunday 24th December - Christmas Eve Mass at 11.00 a.m. in the Chapel at Whiston Hospital.

Sunday 24th December - Christmas Eve Holy Communion Service at 2.00 p.m. in the Chapel at Whiston Hospital.

Monday 25th December - Christmas Day Mass at 11.00 a.m. in the Chapel at Whiston Hospital.

Everyone Welcome to all the Services.

There will also be groups from local churches, schools and uniformed organisations carol singing on the wards throughout December. The timetable for this will be available on the Spiritual Care Department Web Site early December.

If there are groups of staff of faiths other than Christian or Muslim who would like to have some kind of event to mark a religious festival, please make yourself known to us on the Spiritual Care Team.



Barbara wins Volunteer Awards 2006!!

This years St Helens Volunteer Awards took place in September at Haydock Racecourse.

The Lilac Centre nominated Barbara Gaines for the award and were very proud to announce that Barbara was short listed and got

through to the final 15. Barbara was then invited to attend the Awards evening and took along with her, Barbara Jost (Chemotherapy Sister, Lilac Centre).

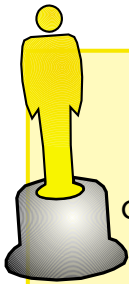
The evening was also attended by Madam Mayor of St Helens, Cllr Teresa Sims, St Helens RLFC Players, and other dignitaries from various organisations from the community and members from St Helens Primary Care Trust.

Barbara was then presented with a certificate along with the other finalists, and then came the moment to announce the winner...BARBARA GAINES from the Lilac Centre Whiston Hospital!

Barbara has worked alongside the team at the Lilac Centre for the last six years, and does a tremendous job! She is admired and respected by both patients and staff and all her colleagues are incredibly proud of her achievement and for all her hard work and commitments which has been recognised.

So we take this opportunity to once again congratulate Barbara Gaines ...

CONGRATULATIONS BARBARA!!!



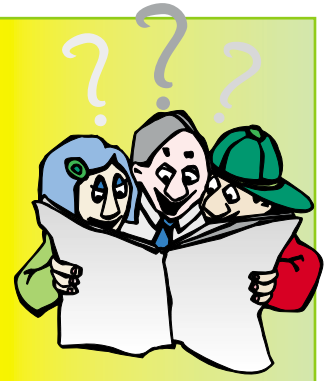
Cally Nwosu receives "BAMM Award"

Congratulation to Cally Nwosu!! who on June 26th 2006 received the 'BAMM Fellow' award by the British Association of Medical Managers. Cally received the award after successfully completing the 'Fit to Lead' Programme and was the first person in the whole of the Northwest to receive this award! Well done Cally!



Cally collects his BAMM Fellow Award

Did you know?



- The attachment of the human skin to muscles is what causes dimples
- Men have more blood than women. Men have 1.5 gallons versus 0.875 gallons for women.
- Of the 206 bones in the average adult human body, 106 are in the hands and feet (54 in the hands and 52 in the feet)
- During his or her lifetime – the average human will grow 590 miles of hair.
- The Blue Whale's whistle is the loudest noise made by an animal.
- The smallest bird in the world is the Hummingbird. It weighs 1oz.

Brave Yinmoi completes charity Abseil!!

Our Very own Yinmoi Price (Patient & Public Involvement Officer) bravely completed an abseil in October 2006 from the roof of the Royal Liverpool hospital at a height of 200ft!

Over 250 people participated in the 2 day event, the army provided all of the equipment and staff to ensure a safe experience for everyone.

All of the funds raised from event were in aid of the Linda McCartney Centre and the St Paul's Eye Unit.

Yinmoi said "Thank you to everyone who sponsored me, I raised over £250 from family, friends and work colleagues. It was an exciting and exhilarating experience which I would happily do again!"

You do not need any previous experience or skills to abseil - anyone can do it! so if anyone else is interested in abseiling with Yinmoi next year please get in touch her directly on ext: 4136, or alternatively contact the Royal Liverpool Hospital directly.



Yinmoi about to begin her 200ft abseil

Staff News 'n' Views

Next Issue - Spring 2007

Many thanks to everyone who has been involved in producing this edition. If you would like to contribute an article or if you have a story to tell, please contact Judith Marsland by email or phone - Ext 2505