

Welcome...

Welcome to the February issue of the Acute Medicine Newsletter. We continue to be under pressure in the emergency care pathway with numbers remaining very high – up to 499 recently. Everyone is working very hard and for this we thank you all.

Working as One Team together is key. It is important we prioritise moving cases out of ED – either home or admitted onto the wards. It is vital that teams accept referrals and support ED as much as is possible, freeing their capacity and enabling new cases in the ED que to be assessed. Not only is this best practise and safer for our patients, but also reduces the stress of our colleagues and increased our performances.

We are near the of the final quarter of the year and we are a just shy of our 90% target. We want to hit the target to allow us to continue to invest in our staff and our ways of working. An example of this is the near completion of the new ED majors. This is hugely exciting and we will move into the new area in March.

Sadly, we must say goodbye to Victoria Hastings, our GM, who has worked here at Acute Medicine for the last 7 years. She has been amazing over the years – she has transformed Acute Medicine and leaver her imprint on a better department than when she first started. For that we thank her and wish her well in her new post in Bristol!

Mark Kinirons, CD

Grade A in the Stroke National Audit

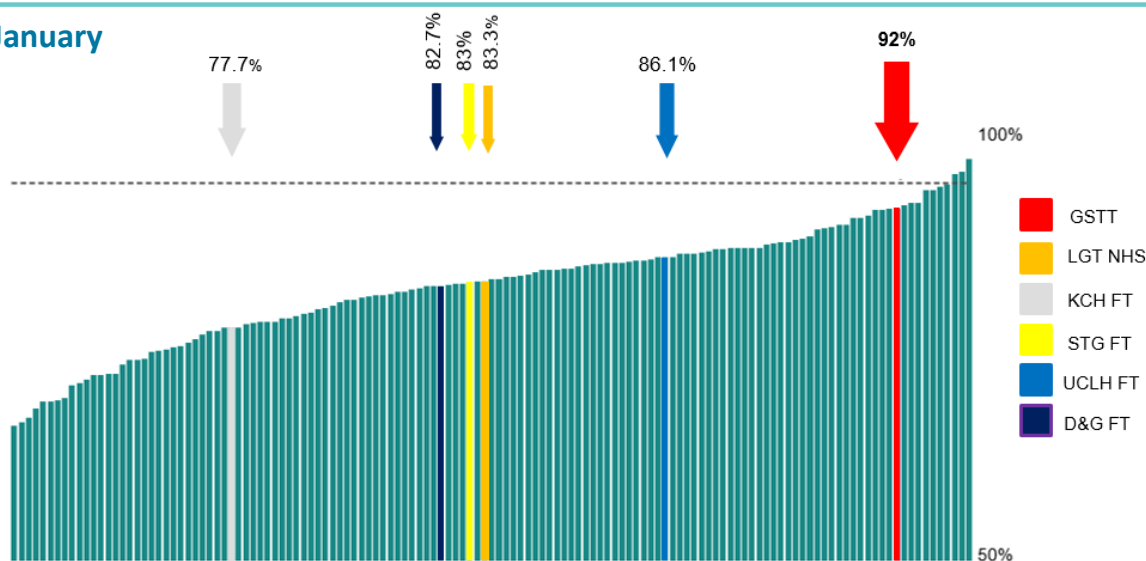
The Sentinel Stroke National Audit Programme (SSNAP) is a programme of work which aims to improve the quality of stroke care by auditing stroke services against evidence based standards. SSNAP covers 10 key domains inclusive of access to stroke care, therapy provision, MDT working and discharge processes rating each unit across the stroke pathway receives an overall SSNAP score ranging from A-E. Despite the increasing pressures on the service, Mark Ward Stroke unit has once again achieved an A rating in the latest SSNAP audit and continues to strive for excellence in stroke care!

Angela Roots, Advanced Nurse Practitioner for Stroke and Neuro Rehabilitation

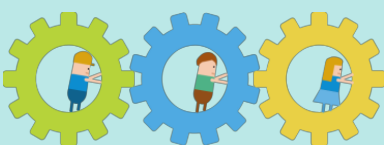
ED Performance over January

Analysis of the nation's ED performances has shown that GSTT are **ranked 11th in the UK** – that's out of 133 Trusts!

This is a further improvement compared to our performance in December, where we came 22nd nationally at 89.3%. Compared to January last year we have improved our performance by 4.1% - huge well done to the whole team!



One Team Week in March



Following the success of previous One Team Weeks, the Trust are running this initiative again next month. One Team Week is a clinically-led emergency care improvement week running in response to emergency pressures. This week will have a particular focus on quicker, efficient referrals and increased specialty's response. Alongside this One Team week we will also be launching our new Specialty Response Protocol. Please keep an eye out for more information to come out shortly.

The initiative runs from 13th to the 20th March, 11am to 11pm every day of the week (inc weekends).

Long Service Awards

Watch your emails for an invitation to collect your long service award badges! These are for members of staff that have been with acute medicine for over 3 years (bronze), 5 years (silver) and 10 years (gold).



Thanks to You...

The EMU team: Allelie Guitarte, Andrea Garcia Olmo, Angelische Oreilly, Anna Connolly, Cameron Burton, Chris De Jesus, Emily Carey, Evelyn Kibuuka, Helen Osiruemu, James Gladdish, Jasmine Manual, Kate Nagle (AAW), Lawrencina Adibuer, Leisa Sharp, Sarah Marsland and Thembi Onyame
Our ED volunteers: Abbie Bates, Albert Charlton, Amy Fiddler, Andrew Ross, Fergal Brady, Jay Acharya, Laura Swain, Leila Kirby, Leo Polchar, Neville Kay, Stella Kyriazis, Tal Drozdovsky, Tom Pursey
Ellie Asgari, Consultant in Nephrology and General Medicine
Kerry Harwood, LD specialist nurse

Thank you to our exceptional staff who stood out this month!



St Thomas' Emergency Department Homeless Initiative Goes Live

The new St Thomas' Hospital ED Homeless Health Initiative has begun, aiming to improve the care provided for our homeless patients. All homeless patients being treated in the ED should now have a "safe discharge checklist for homeless patients" filed in their notes. These can be found in the Homeless Health Box at the nursing station in Majors, along with maps to specialist homeless GP surgeries and homeless day centres and other resources.

The checklists are designed to help staff feel more confident that they are managing their homeless patients safely, and are for use with homeless patients being admitted or discharged. Initial feedback has been very positive – try using the checklist and see if you can make your interactions with homeless patients more rewarding. The format is a 5-point checklist, and it can be started by any health professional caring for the patient.

Let's make a difference for this vulnerable group of patients by putting a copy of the checklist in the notes for every homeless patient we care for (even if you leave it blank for the clinician to fill out later)!

Dr Charles Gallaher, ED

Translation of the POPS service from GSTT into Darent Vally Hospital

Remind me, who are POPS again? The 'Proactive care of Older Patients having Surgery' service was set up at GSTT in 2003. The service is run by geriatricians, specialist nurses and therapists who provide pre-operative assessment and optimisation, post-operative medical care, rehabilitation goal setting, and discharge planning for older or more medically-complex patients admitted under surgical teams. The POPS service achieves a significant reduction in post-operative complications and LoS in this vulnerable patient group.

How was the POPS service translated to Darent Valley Hospital? The Vanguard programme between GSTT and Dartford and Gravesham Trust aimed to collaboratively establish sustainable local services so that the quality of NHS care provided does not vary according to the patient's postcode. The Vanguard Vascular workstream identified a need for POPS to be delivered locally at Darent Valley Hospital (DVH), so improving patient experience through easier accessibility.

With Vanguard funding, a pilot POPS service was set up at DVH using comprehensive geriatric assessment and optimisation in the preoperative setting for patients being considered for vascular surgery. Patient and staff feedback regarding this pilot vascular POPS service was very positive, and other surgical specialties within DVH expressed an interest in extending POPS input into their areas. Following this interest, the team scoped the need for the POPS service within other surgical areas. Data found that the majority of inpatients on the general surgical wards were aged over 65 years, with multi-morbidity and polypharmacy. The length of stay for elective laparotomy patients was seven days, compared to five days at GSTT, and only 5% of these patients had been seen by a geriatrician, compared to 91% at GSTT. Almost unanimously, surgeons at DVH (in keeping with the national feeling) felt there was need for closer integration of geriatricians in the care of older surgical patients.

On this basis a business case was written to continue the POPS vascular service and expand into General Surgery. This was accepted and substantively funded, and the POPS team started on the general surgical wards in November 2017. The team are under the surgical directorate, a novel arrangement for providing medical care to surgical patients, but one which is working well. A formal link with the POPS team at GSTT has been maintained throughout through collaborative weekly multidisciplinary team meetings, allowing ongoing shared learning and appraisal.

What happens next? A report on the process of translating the service to DVH will be published by the Vanguard, and the team's Darzi Fellow is leading an evaluation of the service's outcomes during its first year. Together, POPS hope this work will provide guidance to other Trusts looking to develop their own service.

Ruth de Las Casas, Darzi Fellow with POPS

Newsletter Feedback – You Said, We Did...

Most of us receive our newsletters via email and don't see these displayed on our wards

We are encouraging teams to print the Newsletters and display these on their wards where staff can read them

I am not sure how the Thanks to You scheme works. How are these staff selected and what are they selected for?

Thanks to You is a staff appreciation scheme where you can nominate your colleagues to say Thank You for their fantastic contributions to Acute Medicine. Nominees receive personalised cards which are signed and delivered to them by the DMT. To nominate a colleague email **:ThanksToYou** with their name, position and your reason for the nomination

Our favourite sections of the newsletter are local success stories, and hearing about new staff and promotions

We have set up a new email **:Acute Medicine Newsletter** which you can send your success stories to. We would love to hear about fantastic projects you are doing on your wards and we encourage staff to share their celebrations!

It's not too late to take part in our feedback survey - go to <https://www.surveymonkey.co.uk/r/CMK6X5F> to let us know what you think!

The Directorate Management Team (DMT)



Mark Kinirons
Clinical Director



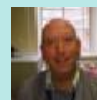
Richard Leach
Clinical Director



Victoria Hastings
General Manager



Sarah Webster
Acting General Manager



James Hill
Head of Nursing



Heidi Jensen
Head of Nursing