The ears have it
Hello and welcome to the March edition of our monthly staff, members and governors’ magazine

The results of the annual NHS staff survey have arrived and I want to say ‘thank you’ to everybody who shared their feedback which will help improve your experience of working at the RFL.

They show a number of improvements on last year including in the areas of manager-staff relationships and the degree to which staff feel their work is valued. We have also enhanced the quality of appraisals and are providing a safer environment.

However, we know we can get better. Plans are under way to improve the experience of our staff in health and well-being, equality and diversity and bullying and harassment. Find out more on pages 4 and 5.

On page 8 you can read about how we are improving treatments for our kidney cancer patients.

And elsewhere, learn why Royal College of Nursing president Professor Anne Marie Rafferty described the RFL as a ‘treasure trove of talent’, on page 11.

Have a look at page 12 for important dates including the March chief executives’ briefings, which I will be joining. I look forward to seeing as many of you as possible.

Caroline Clarke
Group chief executive

Key to abbreviations:
Barnet Hospital: BH
Chase Farm Hospital: CFH
Royal Free Hospital: RFH
Royal Free London: RFL

Follow our Twitter account @RoyalFreeNHS to see what our patients and staff are saying about us
New ear scanner a perfect fit

A cutting-edge scanner which uses a laser beam to digitally recreate a patient’s ear canal is transforming how hearing aid inserts are produced.

The Otoscan, which is being used on NHS patients for the first time at the RFH, has a miniature camera which captures images of the laser beam as it moves across the surfaces of the ear. Algorithms then convert that into a 3D image of the inside of the ear to create the perfect fitted insert for a hearing aid.

This is the first time a scanner has been developed which can accurately scan the inner ear, a complex shape with sharply curved surfaces, flat surfaces, and narrow openings.

Until now silicone moulds have been used to create impressions of a patient’s ear canal – a process which has not been updated in 20 years.

Mitch Chandler, chief audiologist at the RFH, said: “This is a huge breakthrough for patients and saves us time and money.”

Mitch estimates that every month 130 moulds can now be created for patients.

Patient Elizabeth Coll said the new scanner was a ‘clever bit of equipment’.

“It’s much more comfortable than the old way of taking shapes of my ears,” she said. “It means we no longer have to have the wax material in my ears, nor the irritation from the oto-stops [a small piece of foam that is placed deep in the canal].

“The experience as a whole has been much better, with a quicker turnaround and a more comfortable procedure. I had a sore in my ear from my old moulds and this scanner has meant a new mould could be made without causing any further pain.”
The results of the annual NHS staff survey have arrived – ‘thank you’ to everybody who shared their feedback.

Every year our staff are asked to take part in the national NHS staff survey so we can get their views on what it is like to work at the Royal Free London.

A total of 3,233 staff participated in the 2018 survey – 36% of the organisation.

The results show the most noticeable improvements are in the areas of manager staff relationships and the degree to which staff feel their work is valued.

Other areas where the trust has significantly improved since 2017 are:

• Quality of appraisals
• Safe environment – levels of violence

However, there are some areas where we recognise we can get better. The areas where it is clear there is work to do are:

• Health and wellbeing
• Equality and diversity
• Bullying and harassment

In all of these areas, plans are under way to improve the experience of our staff.

David Grantham, chief people officer, said: “I would like to thank every member of staff who took the time to complete the 2018 NHS staff survey. The survey is incredibly important as it not only shows where the trust is performing well, but perhaps most importantly identifies areas where staff need more support.

“Our performance is very similar to the 2017 survey. We have seen some improvements but recognise we need to make faster progress in more areas.

“This latest feedback from staff confirms that the areas of improvement we have already identified, and are actively addressing, remain the right ones to focus on.

“This spring we will be launching our new people strategy – a comprehensive action plan which brings together everything we’re doing to improve the working lives of everybody at the RFL.”

To read the full report go to nhsstaffsurveyresults.com

No bullying, no bystanders

We do not tolerate bullying and harassment and as a trust we are working with staff to encourage and support everyone to speak out if they experience or witness inappropriate behaviour.

As part of our commitment to stamping out bullying and harassment, we have launched a ‘No Bullying, No Bystanders’ campaign to help raise awareness of this important issue. This has included a series of films with scenarios developed by staff, from stories and experiences they say they’ve seen or faced, to highlight the importance of our world class care values and behaviours.

The films have been shared with teams to support open and constructive discussion about these behaviours and the impact they have.

We have introduced many ways for staff to feel supported in calling out bullying and harassment: we have recruited 36 local ‘speaking up’ champions and we aim to increase this number to 100 over the next 12 months.

An education programme was launched in November 2018 to heighten awareness of the trust’s values and challenge negative behaviours, and our staff networks (for BME, LGBT, Women’s network and a new staff disability network) provide safe spaces for staff to express their concerns.

Our executive teams make regular site visits and make themselves available to meet staff in listening sessions, and we have a well-established training programme for all managers to equip them with the appropriate leadership skills. The trust also works closely with trade unions.

If you see behaviour which does not fit with our trust values, or have experienced or witnessed bullying or harassment and would like to report it and get support please email rf.nobullying@nhs.net.
Staff survey 2018 headlines

What you think about working at the RFL

36\% of staff took the 2018 national NHS staff survey (that’s 3,233 people)

We did better than last year

- Manager staff relationships
- Staff feel their work is valued
- Quality of care
- Safe environment – levels of violence
- Safety culture
- Staff engagement
- Quality of appraisals

Where we can do better

- Health and wellbeing
- Equality and diversity
- Bullying and harassment

Our next steps

Health and wellbeing

- Holding staff health and wellbeing events across all sites in May and October
- Increasing physical activity classes for staff including yoga and pilates
- Delivering mental health awareness and managing pressure and stress sessions
- Training mental health first aiders and implementing mental health support hubs for staff

Equality, diversity and inclusion

- Promoting the work of staff networks and encouraging staff to join
- Implementing career development workshops to support career progression
- Providing step-by-step guide to help disclosure of disability via ESR self-service
- Developing the LGBT+ action plan using the Stonewall Equality index gap analysis

Bullying and harassment

- ‘No Bullying, No Bystanders’ campaign to encourage and support staff to speak out
- New values and behaviours videos produced with scenarios taken from feedback *
- Recruiting more ‘speaking up’ champions
- Targeted interventions in bullying and harassment ‘hot spots’

Thank you to everybody who shared their feedback

Read the full report at: www.nhsstaffsurveys.com  * see page 12 for upcoming screening dates.
New app helping Fabry’s disease patients

Patients with the debilitating and rare Fabry’s disease have had their lives transformed thanks to a new app which allows doctors to monitor symptoms remotely and adjust their treatment accordingly.

Those with the disease experience a range of symptoms including pain in their hands and feet, hearing loss, tiredness and cloudy vision.

The app – co-designed by two members of staff at the RFH – gives doctors a much clearer picture of the disease progression which means they can more easily adjust treatment, including medication, to relieve patients’ symptoms.

The RFH provides a service to more than 300 patients with the disease, which is caused by a defective gene. Patients with Fabry do not produce a particular enzyme which is needed to break down a particular fat – this causes cell damage. Patients travel from around the country to attend twice yearly clinics appointments.

Since it was launched last July about 85 patients at the hospital are now regularly tracking their symptoms and medication via the app. Consultants can review their patients’ health remotely and, if necessary, intervene before their next appointment or discuss any issues when they come to the clinic.

Uma Ramaswami, clinical lead for the RFL’s lysosomal storage disorders unit (LSDU) and Mark Mckie, data manager for the LSDU, had the initial idea for the app and helped design it.

Uma said: “When you only see patients twice a year it can be difficult to get a clear picture of symptoms since the last visit.

“The app empowers our patients to monitor the day to day variations of their symptoms and gives us, their care-givers, a much better understanding of longer-term symptom management and treatment effects.”

Revolution in asthma care for children

Children with asthma are making fewer unnecessary trips to hospital, thanks to a revolutionary way of delivering care launched at BH and the RFH.

Patients, doctors, nurses and other clinicians have worked together to design a treatment plan that means children finding it difficult to breathe – those suffering from a ‘wheeze’ – can access the right care sooner, across the RFL.

The treatment plan is known as the wheezy child pathway, part of a clinical practice group, and has been standardised across the trust.

Asthma nurse Caroline Byrne who has been educating staff as part of the launch said: “Children with asthma often make repeat visits to the emergency department, often because they have not been given the right care or their families haven’t been given the right information the first time around.

“Since we started the pathway we are already seeing the number of children coming back to hospital decreasing because families are better able to manage the condition at home.

“We’ve been teaching the wheezy child pathway to teams across our hospitals. The three key things are – knowing the medication, inhaler technique and having a management plan. It is important that families are given the right information as well, so they can manage the condition at home.”
You joined the RFH as a finance trainee in 1991 and have spent the last seven years as deputy chief executive. Why did you make the decision to come back to the RFL?

I came back to the RFL in 2011 to help the leadership team make the transition to foundation trust status. I had worked with a number of the team previously and I really respected them and liked their patient centred approach, and the genuine emphasis on clinical leadership and academic excellence.

Our mission of providing world class treatment to patients, coupled with world class teaching and research really resonates with me.

Why did you want to become group chief executive?

I’ve spent nearly 30 years talking data and outcomes, and I now realise that the way we make change is utterly reliant on the connections we make as individuals, the relationships that we forge, the sense of possibility and optimism that we can bring.

I’ve seen us do this on some of our really amazing projects – Chase Farm Hospital, and the development of clinical practice groups to name but two, and I want to do more of that. I genuinely think that what we are doing here will change the nature of healthcare and that’s why I wanted to become group chief executive.

What do you think are the biggest challenges facing the trust?

It would be easy to talk about money, but actually the biggest issue is around making sure we have enough staff, in the right places, with the right skills to treat our patients. The NHS is predicting some extremely concerning workforce shortages unless we radically transform our services. I think that we are going to be at the forefront of that transformation, but the challenge will be whether we can do it quickly enough.

What does a typical day look like for you?

Loads of meetings and increasingly time spent with teams on all our sites, trying to figure out how we are going to show off all the brilliant work that we do here.

What is the best piece of advice you’ve ever been given?

Surround yourself with people who are better than you. The job is the team. Individual glory is for tennis players.

What is your ambition for the trust?

To be at the forefront of providing the best possible care for the people we serve.

Who is your biggest inspiration?

I’d like to give you the name of a great political leader or historical character, but in truth, my nine-year-old daughter provides more inspiration to do a great job and make sure that we have a great care system into the future. And she keeps my feet firmly on the ground. Plus she’s the only person in the house who can programme our TV.

How do you relax?

I see quite a bit of live music – I’m a big fan of The Roundhouse in Camden. I practise mindfulness, and I am trying to get back into running but am currently wrestling with my diary to make that happen.

What’s the best thing about your job so far?

I’ve been lucky enough to spend time with a number of teams in very different parts of the group, who have been generous enough to share their work with me, and it’s so utterly brilliant to see the great care we give our patients. I’m loving meeting lots of different people, and reconnecting with some old friends – I won’t get round to everyone immediately, but I’m definitely up for coming to meet teams so invite me.

How do you think the role of a hospital might need to change in the future, to help us support local people to stay healthy and happy as well as caring for them when they are sick?

I’ve heard people use the term ‘hospitals without walls’ and I do think we need to think differently about what a hospital is. In the future we will work more closely with other care providers. Our staff will increasingly work out of hospital settings, and we will welcome others into our buildings.

Tell us something about you that very few people know...

I used to play the bass guitar and I’ve started playing again, badly!
Better treatment for kidney cancer patients

People with suspected kidney cancer are receiving more accurate diagnoses at the RFL, helping many to avoid unnecessary surgery. And those who do need surgery are able to go home sooner, thanks to a new enhanced recovery plan.

Our specialist centre for kidney cancer is the largest of its kind in Britain, providing highly specialised services for patients from across North and North East London and Essex.

Diagnosis of kidney cancer at the centre has improved with the routine use of renal mass biopsies, which are helping to identify patients who do not need to have all or part of their kidneys removed because they do not have cancer. This prevents the complications and costs of overtreatment of benign disease.

A renal mass biopsy involves extracting a sample of the kidney tissue with a needle guided by imaging. The sample is then analysed in the pathology lab to determine whether cancer is present. These biopsies are recommended as a test for growths in the kidney that are 4cm or smaller.

Ravi Barod, consultant urological surgeon, explained: “We previously diagnosed kidney cancer in patients with CT scans and we knew that 20% of the growths we removed were benign.

“We are the only kidney cancer centre in the UK to have standardised the routine use of renal mass biopsy. In the past three years we have carried out more than 650 biopsies for small renal masses.

“Of these, 130 were shown to be benign and virtually all of these patients avoided having surgery or ablation and are being followed up under surveillance. If the patient has a benign growth and wants it removed, they have that option, but most do not want surgery and opt for surveillance.

“This means they are not having unnecessary treatment and a hospital stay, with possible associated complications.”

In a further improvement in care, the renal team are helping to get patients home more quickly after their operations, with a new enhanced recovery after surgery (ERAS) programme.

The programme ensures that patients are better prepared before their surgery, and helped to recover more quickly after it.

ERAS has reduced the average patient stay after nephrectomy – surgical removal of the kidney, or part of it – from four days to two.

RFL nurses scoop awards

An RFL nurse has received national recognition for her ‘zero-tolerance’ work that helps protect patients against serious infections.

Vicky Pang, clinical lead nurse for infection prevention and control (IPC), was awarded infection prevention nurse of the year at the British Journal of Nursing 2019 annual awards.

Work led by Vicky resulted in the number of cases of E coli at the RFH being reduced by 32% from 2016 to 2018. Hospitals in England are expected to achieve a reduction of 10% each year.

Vicky was nominated for the award by Yvonne Carter, RFL head of infection prevention and control nursing. Yvonne said: “Vicky has promoted a ‘zero tolerance’ approach to healthcare-acquired infections having seen the life-changing impact these can have on people.”

Meanwhile, Jemell Geraghty, lead nurse tissue viability, was awarded for her work in clinical research and in improving patient well-being at the Journal of Wound Care 2019 awards.

Ravi Barod (4th from left) with members of the kidney cancer team. (l-r) David Cullen, lead nurse renal oncology; Axel Bex, consultant; Fayiza Habeeb, renal cancer clinical nurse specialist; Maxine Tran, consultant; Faiz Mumtaz, consultant urological surgeon; Pedro Silva, clinical nurse specialist; Prasad Patki, consultant
Quicker diagnosis for children with rare diseases

A doctor at the RFL is playing a leading role in a campaign aimed at dramatically cutting the length of time it takes for children with rare diseases to receive a diagnosis.

It currently takes an average of five years to diagnose a child with a rare disease but Dr Derralynn Hughes and the Global Commission to End the Diagnostic Odyssey for Children with a Rare Disease are looking at how to reduce that so those children can receive the right treatment sooner.

Derralynn, director of the research programme in the lysosomal storage disorders research laboratory at the RFL, is one of the authors of the commission’s recently published report, which contains a number of recommendations for improving diagnosis times.

Derralynn said: “Although individual rare diseases are ‘rare’, it is estimated that 350 million people globally suffer from a rare disease.

“For some conditions delays in treatment could potentially prevent a child’s life from being saved.”

The goal is that the report becomes a roadmap for the rare disease community and that the recommendations from the report will be implemented by patients and their families, clinicians, healthcare providers and policy makers.

Derralynn added: “Greater awareness of rare diseases and their prevalence is the first step on the path to a quicker diagnosis. We want clinicians to consider rare diseases when they are diagnosing.

“We are also planning to equip families with the tools they need to work together with their doctor to get a diagnosis.”

New anaesthesia ‘block room’ at CFH

A new dedicated area or ‘block room’ for administering local anaesthetics prior to orthopaedic surgery has opened at CFH.

The block room, which is located next to the new barn theatres, means that local anaesthetics, can be carried out in a more focused and specialised environment.

Although block rooms have been used in the USA for the past decade, they are not routinely used in the NHS.

Serena Sodha, consultant anaesthetist and CFH block room lead said that the block room would mean that many more patients would benefit from having local, rather than general, anaesthetics.

She added: “It will increase patient satisfaction, means they spend less time in surgery and helps to speed up patient recovery times.”
Rob Leak has been appointed the new chairman of Royal Free London Property Services.

Formerly chief executive of Enfield Council, Mr Leak will report to the board of the RFL, chaired by Dominic Dodd.

RFL Property Services is a wholly-owned subsidiary of the RFL and oversees the management of estates and facilities at the trust.

Mr Leak, who is a trustee of the Royal Free Charity and Edmonton County School, said: “I am delighted to be appointed chairman of RFL Property Services. The Royal Free London has a great track record of delivering property improvements and managing estates and facilities to the benefit of patients and staff.

“This is a great opportunity to expand and develop this work across the trust and I will be working closely with the managing director of RFL Property Services, Andrew Panniker, and the trust board to ensure we can continue to enhance our buildings and improve patient care.”

Happy #InternationalWomensDay

Here’s a snapshot of how we celebrated all the amazing women that work across the RFL.
Sleep service dramatically cuts waiting times

The RFH’s sleep and ventilation service has been nominated for an award after it cut the time patients wait for a diagnosis from 239 days to just 40.

The service, which treats patients with a range of sleeping disorders, has been shortlisted in the diagnostics team category of the British Medical Journal (BMJ) awards.

Led by respiratory, sleep and ventilation consultant Dr Swapna Mandal, the service is for patients with conditions such as obstructive sleep apnoea (OSA), a relatively common condition where the walls of the throat narrow and interrupt normal breathing at night.

Swapna said she was delighted her team had been nominated after they worked with a local GP practice to offer patients clinic appointments in the community, in order to enable patients to receive appropriate treatment sooner.

“In the first year we only had 400 patients, but now we are seeing 700-750 patients every year, so in 2016/17 patients had to wait on average 180 days to take part in a sleep study that would lead to a diagnosis,” she added.

“We realised that many of the tests could be done in the community such as a GP practice. So my clinical research fellow, Dr Nikesh Devani and I worked with Hampstead Group Practice to provide appointments there instead so patients could avoid coming to hospital.”

“It meant the diagnosis times for patients who needed a sleep study went from an average of 239 days to just 26.”

Dr Mandal and Dr Devani will present their work to a BMJ panel, before a final winner is announced on 24 April.

Nursing union president praises ‘treasure trove of talent’

Royal College of Nursing president Professor Anne Marie Rafferty described the RFH as an ‘amazing organisation’ with a ‘treasure trove of talent,’ on a recent visit.

“It’s inspiring to see the work that people are doing here, the creativity that is being mobilised by staff to overcome challenges. It’s great to see that staff here are always looking at care from the point of view of the patient.”

During the visit she learned about the innovative ways the trust is delivering care to dementia patients.

She was taken on a tour of the RFH where she spoke to nurses working on dementia-friendly wards and found out how the new theatre space on 10 north is helping patients.

Professor Rafferty also visited the trust’s high level isolation unit and the intensive care unit.
Could ‘one and done’ be the future for haemophilia patients?

Expensive and invasive treatment for haemophilia patients could soon be a thing of the past after promising results in a new gene therapy trial being carried out at the RFH.

Traditional treatment for haemophilia is life-saving but it comes with a hefty price tag and patients often have to undergo multiple injections week in week out.

For the past few years a number of patients at the RFH have been taking part in gene therapy trials for haemophilia A and haemophilia B. In both cases a single administration of the gene therapy has put an end to an endless cycle of repeated injections. For haemophilia B, there is a patient who had the gene therapy nine years ago – and it is still working.

Professor Amit Nathwani, director of the Katharine Dormandy haemophilia centre at the RFH said: “We call it the ‘one and done approach’. We are talking about potential savings running into millions and a much better quality of life for patients who no longer have to endure multiple injections.

“Instead of seeing patients all the time we are now seeing them perhaps twice a year. We’re not seeing them because they’ve had a bleed and are in trouble. We’re just doing surveillance and what we see is that they have improved levels of clotting factor in their blood.”

One patient who has benefitted from the treatment is Scott Waterman, who was born with haemophilia B and began the gene therapy trial nearly seven years ago.

He said: “The biggest change is that it has all but eliminated the spontaneous bleeds I used to get.”

Meet Caroline Clarke at the March chief executives’ briefings

Caroline Clarke, the new RFL chief executive, will be joining the hospital chief executives at their March briefings on:

- 21 March, 12-12.30pm, Peter Samuel Hall, RFH
- 28 March, 11.30am-midday, meeting room 4, CFH
- 28 March, 10-10.30am, conference room 2, 10th floor, ECC

This is your opportunity to meet Caroline and your hospital chief executive, hear the latest news from around the trust and ask them any questions you may have.

BH chief executives’ briefing was held on 7 March.

Watch the new values and behaviours videos

All staff are invited to watch the new values and behaviours videos.

As part of our commitment to stamp out bullying and harassment a series of videos depicting fictional storylines around bullying and harassment in the workplace have been produced.

Watch the videos and discuss at monthly sessions.

The next screening will be held on 11 April from 1-2pm in the Peter Samuel Hall, RFH.

BH ITU nursing recruitment open day

29 March, 9.30am to 3.30pm, ITU, north seminar room, BH.

The BH critical care team are looking to appoint band 5 staff nurses, as well as newly qualified nurses.

For more information please contact Deborah Kirby matron at deborahkirby@nhs.net, or Nuala Kelly, lead CPE for the Barnet Intensive Critical Care Unit at nuala.kelly@nhs.net.

Staff health and wellbeing workshops

9 April, conference room 2, 10th floor, ECC

To book a place on the workshop please email: rf-tr.hrbpadmin@nhs.net.