

Foundation Feedback

Keeping Members up-to-date



Meet Marion Waters,
Consultant in Emergency Medicine



ArcAngel tackling alcohol related crime



England pl star opens adolescent unit

inside...

Welcome from the Editor

Welcome to our 8th edition of Foundation Feedback, the newsletter for members of the Countess of Chester Hospital NHS Foundation Trust.



In this edition the theme is the Emergency Department which we hope you will find interesting and informative.

All the articles in the newsletter are aimed at helping you to understand the workings of the hospital and hope to show the ongoing modernisation, latest techniques and dedication of the staff thus giving confidence to those who are undergoing treatment and to encourage people who are not yet members of the Trust to join.

I would like to thank all those who have been involved in the production of this newsletter including medical, nursing, administrative staff, police and the other services who have given their support and assistance.

We would love to hear from you with your comments and any queries regarding either the newsletter or any aspects of the hospital. If you have been shown this newsletter by a member and you would like to join please telephone Jackie Hughes, Secretary to the Board on 01244 365816 to request a membership form. She will be happy to explain the very uncomplicated terms of membership to you.

Sue Elphick, MBE



Mrs Waters started as a Consultant in Emergency Medicine in 1992. She described how, in those days, the team would consist of 25 Nurses, 5 Senior House Officers, 1 Registrar, 1 Consultant for 35,000 patients per annum. Now, there are 7 Middle Grade Doctors, 2 Specialist Registrars, 9 Senior House Officers, 4 Consultants, 1 Associate Specialist and 74 full-time equivalent nurses to see 65,000 patients per annum and to manage a 16-bedded short stay unit.

Originally, there was no triage process. All patients were seen in time order. The triage process was brought in as a national structure to help determine the priority of patients and who needed to be seen first. However, it was found that there were still queues on the minors (minor injuries) side because there was always something more urgent arriving.

12 years ago, 5 short stay beds were set up in an adjacent area to the main department. 4 years ago 11 more beds were added. Now 65,000 people or more come through the department and are streamed to receive treatment in the minors area or deeper investigation in the majors (more serious problems) area.

This means that patients brought in by ambulance are taken straight to the majors area and are seen by the Nurse Team Leader initially who will make a rapid assessment and decide what their further investigation or treatment should be. Patients referred by their GP may have to wait to see a specialist but are likely to be assessed by the Emergency Medicine staff first who can deal with any immediate patients' needs.

Many years ago, there were dedicated night staff who never saw the light of day and there was not the level of extended training amongst the nurses as there is now.

Today rotation of staff through 24 hours and 7 days per week means that everyone has the chance to undergo training. In addition, the Emergency Nurse Practitioners are now able to see, independently of a doctor, up to 40% of all the minors patients. A priority is to evolve an integrated multi-professional team. Physiotherapists run morning clinics in the department which further reduce the subsequent number of attendances at their own department. Training for doctors and nurses includes advanced cardiac, trauma, paediatric and life support courses.

Sue Elphick meets Marion Waters

Consultant in Emergency Medicine

Sue Elphick talks to Marion Waters to find out about the changes in development of the Emergency Department.

The NHS Modernisation Programme was really an action learning and action research programme, initiated from the Department of Health. The processes of assessment and care during admission for patients, their treatment and their discharge were examined. As a result it was possible to streamline services further to cut down waiting times. The more recent four-hour target has been good for patients as it has reduced trolley waits from the time of arrival to the time of admission although the admission may be to the emergency beds in the Emergency Medicine department.

Far more investigation and treatment can now be done from the Emergency Medicine department itself. CT scans can be performed, often within one hour of request and this is especially important for head injury and stroke patients.

Techniques in radiology are changing too. Images are digitally stored and can be viewed on computer screens around the department. Porters no longer need to take specimens to the blood laboratory. The samples travel through an air tube called the 'pod' system.

The testing of arterial blood gases and tests for heart attacks can be done close to the patient in the majors section of the department. A departmental rule is that any ECG must be shown to a doctor as soon as it has been performed so that serious heart conditions

can be recognised and managed without delay. The "clot busting" treatment or thrombolysis for heart attacks can be given within half an hour of arriving at the department. It is sometimes used for stroke patients but not all patients are appropriate to be treated in this way.

A significant advance is the ability to test patients early on by ultrasound scanning which can bring forward a definitive diagnosis, particularly for patients who have an abdominal aortic aneurysm or in cases of severe internal bleeding after injury.

A helpful advance for patients is to be able to warm them up. Many injured patients arrive very cold or are shocked.

It is possible to infuse 1 litre of warm fluid at 40°C intravenously within one minute because of equipment called a Rapid Volume Infuser. The patient can also be covered with a blanket of warm air called a Bair hugger. Warming the patient is important as it

helps to keep their blood clotting within the normal range.

In recent months, the department has started to use a machine which will help people with severe breathing difficulties without having to anaesthetise them fully. The patient can then be managed on a normal ward instead of having to go to an intensive care unit.

More than 98% of all diagnoses, treatments and admissions are now completed within the four hour target.

No service should ever remain static. It should continue to develop and in future, Mrs Waters would like to see a much greater integration of services with both primary and social care within and out of normal working hours.



What's it like to be...

Louise Furnival is a Foundation Year 2 doctor currently working at the Countess of Chester Hospital. She has recently completed a 4-month rotation in the Emergency Department. Dr. Simon Greenwood met Louise and asked her some questions to find out about her experiences there....

Having recently finished your 4-month rotation working in the Emergency Medicine department are you glad that it's over or do you miss it?

Working in Emergency Medicine as an F2 doctor was both a unique and memorable experience. I was definitely sad to leave the department and the admirable team of staff there. However I was also glad to return to more sociable and human working hours!

So how does it compare to working in other departments in the hospital?

Working in Emergency Medicine doesn't compare to any other posts that I have completed previously in the hospital. When starting for example an endocrinology post, one has a reasonable idea of the type of patients to expect and can therefore prepare accordingly. When starting an Emergency Medicine post it is difficult to know where to begin! You have to be receptive to all kinds of presentations so that you can make a quick, effective and more focused assessment and examination than you would elsewhere in other specialities.

Can you briefly take us through the members of the team that work in Emergency Medicine?

More than in any other department, the emphasis in Emergency Medicine really is on team work. The Countess of Chester Emergency Medicine department is made up of 3 consultants, 8 middle grades (registrars and clinical fellows), 8 junior doctors, and then a whole host of sisters, staff grade nurses and clinical support workers... not to mention all the porters, radiographers, physiotherapists, pharmacists, security guards, cleaners and medical staff from all of the different

specialities throughout the Trust.

And did you all get on well together whilst you were there?

As a junior in Emergency Medicine, working predominantly, evening, weekend or night shifts in a highly pressurised environment, it's mutual support and good banter from those around you that keep you sane and help to make the job worthwhile.

Presumably you are some of the first people to see the patients as they come in through the door, it must be very exciting work?

It is exciting...and scary! Generally speaking, the only occasions where you are pre-warned as to the type of patients that are coming in are when paramedics make standby calls for incoming poorly patients who will require immediate medical attention. Otherwise the possibilities are endless. You never know what you will be faced with next. I don't recall ever being bored!

And was it a bit nerve wracking starting as one of the more junior doctors working there?

I think that all of the F2s were very nervous at the beginning their attachment. I started my rotation on nights where the department was covered by 4 Consultants and 7 Middle Grades. I was terrified that we would be unsupported and thrown in at the deep end. But this wasn't the case. There was plenty of support from not only the middle grade in attendance but also the experienced nursing staff on duty.



Patient perspective

I had to visit the Countess of Chester Emergency Department in January 2008 after receiving an injury whilst playing rugby near Chester.

Do you think that the current Emergency Department system works well?

Yes, overall it seems to be a good system. It works such that patients self-referring are initially seen by nurse practitioners who assign them to either minors or majors. The patients are then assessed in these areas and there is a 4-hour target by which time patients should have been seen and either discharged or admitted to hospital. There is good compliance with the target so patients seem more assured that they will be seen within a reasonable time.

Did you see a whole range of conditions during your 4-months there?

Yes, the majority of admissions to the hospital pass through Emergency Medicine so you are exposed from day one to a broad range of conditions from viral tonsillitis and superficial lacerations to acute paediatric cases and major head injuries.

When working in such an intense environment how do you manage not to take your work home with you?

It is true that working in a sometimes stressful environment with increased exposure to emotionally and morally challenging situations, it is sometimes very hard to switch off at the end of a shift. However, working with supportive peers and seniors meant that there was always somebody available to discuss any difficulties that you were having.

My previous visits to other Emergency Departments in younger years have often led to long waits in waiting rooms and an altogether not too pleasant experience.

Through my career as a serving Police officer in Merseyside I have also experienced several Emergency Departments whilst visiting victims of traffic collisions and assaults. However, my visit to the Countess in January was for my own injury and thus I was the one receiving the medical attention.

All of the staff, from the receptionist to the final doctor were professional, patient and empathetic with my situation.

I was dealt with as quickly as possible, and was made to feel comfortable straight away. The nurses and doctors were very polite and explained what they were doing whilst examining me.

I also noticed how clean the Emergency Department was, which is a concern with the recent newspaper headlines of MRSA in hospitals across the country.

I was given sensible advice on recovery and a plentiful supply of painkillers. It was established that my ribs were bruised and not broken, which was a relief.

All in all, I was extremely happy with the service I received at the Countess Emergency Department. I thank all of the staff who helped me that afternoon.

Aneurin Audas - Liverpool



News Page

England star opens Adolescent Unit

Following fundraising by Mrs Pat Daniels, MBE, Michael Owen officially opened the Trust's new £212,000 Adolescent Unit – a dedicated space being used to treat teenagers who suffer from illnesses such as Cancer, Cystic Fibrosis, and Diabetes.

The unit consists of an en-suite bay to accommodate three boys and three girls separately, and a communal sitting room with video, DVD player, and PC for their mutual use. The sitting room also has access to the adjoining courtyard, complete with giant chess board and chess set.

Newcastle United and England striker Michael Owen, declared the new unit open on Monday 10th March 2008, and also praised the Trust for setting it up. He said: "I'd like to thank the Hospital for inviting me. I've been here many times before, I was born here and so were all three of my children. It's nice

to be back and it's great to be opening the Adolescent Unit which will hopefully help many people in the future."

As well as opening the unit, Michael visited a number of children's wards to chat and pose for pictures with young patients.



Pat has already begun work on her next fundraising project. To complement the Trust's new £600,000 fertility Unit, she is raising funds for an Alternative Therapies facility, which will offer services such as aromatherapy and acupuncture, to support Fertility patients during their treatment.

Chief Executive (CEO) signs flagship contract

On 6th March 2008, the Countess of Chester Hospital became one of the first Foundation Trusts in England to agree the new Acute Healthcare Contract, when Peter Herring, Chief Executive of the Countess, and Iain Crossley, Acting CEO of Western Cheshire Primary Care Trust signed the contract.



Jane Tomkinson, Countess of Chester Hospital Director of Finance and Deputy Chief Executive said, "The contract will deliver over £300million of healthcare to the people of Chester and surrounding areas over the next three years. The contract focuses on the provision of high quality safe healthcare and will explore opportunities for joint working with health partners."

Gordon Donaldson's Award

Gordon Donaldson, of Mold, received the Countess of Chester Hospital Achievement Award for outstanding contribution as a Governor of the Hospital.

He has been a Governor since the inception of the Countess of Chester Hospital NHS Foundation Trust, elected in 2003 by members of the Trust in North East Wales.



Photographed on the right are Sir James Sharples (Chairman), Michael Hemmerdinger (Deputy Chairman of the Countess of Chester Hospital Governors), Gordon Donaldson (Flintshire Governor) and Mr Peter Herring (Chief Executive).





ARCANGEL

TACKLING ALCOHOL RELATED CRIME

Cheshire Police is committed to working in partnership with other agencies to communicate with one voice when delivering activity aimed at reducing the number of alcohol-related crime and disorder incidents reported in Cheshire. One of the agencies we work closely with is the Countess of Chester Hospital.



ArcAngel is the standards based approach introduced by Cheshire Police and adopted by partners when tackling alcohol related crime and disorder.

During the past 2 years, the Chester Neighbourhood Policing Unit has achieved significant success in reducing offences that involve violence and especially those incidents where the offender or the victim behaviour has been influenced by alcohol.

Neighbourhood Policing Inspector for Chester, Mel Williams said: "I believe that this success can be

attributed to the close working relationships we have with our partners and in particular our relationship with the Countess of Chester Hospital. I believe that ArcAngel can assist the Trust in reducing the number of Emergency Medicine admissions that are related to alcohol and look forward to continue working with the Trust in tackling the issues my officers in Chester deal with on a daily basis and your staff in Emergency Medicine see the results of night after night."

Moonlight Walk 2008

The Trust's annual Moonlight Walk is taking place from midnight on Saturday 21st June 2008, starting off from the Hospital's main entrance.

This year the event will be raising funds for Relative Comfort – the new Critical Care Appeal which will provide accommodation for relatives of patients on the Critical Care Unit. Events Co-ordinator, Kathy Chalk, commented on the event's previous success by saying; "This event has raised almost a quarter of a million pounds over the last couple of years and we hope to increase that amount even further this year.

Registration forms are available at the Fundraising Office and can also be downloaded from the website (www.coch.nhs.uk). Upon registration you will also receive a Moonlight Walk Mug (as long as stocks last!). You can also register your details over the phone on 01244 366672, or via email at: katherine.chalk@coch.nhs.uk.

Register
now for
2008



Midnight

*Saturday 21st
June 2008*

*Countess of
Chester Hospital*

*Telephone the
Fundraising Office
to register on 01244 366672,
or via email at
katherine.chalk@coch.nhs.uk*

Spotlight on...

8.00pm, Saturday in the Emergency Department, Countess of Chester Hospital. Sue Elphick joins the night team beginning a twelve hour shift.

At the same time in countless homes people are sitting down to watch "Casualty" on their TV screens comfortably protected by the knowledge of unreality but still rapt by the excitement, glamour and drama unfolding in their living rooms where they are able to switch off when it all becomes too much.

In the Emergency Department at our hospital you will find the drama but these are real patients, this is real blood and vomit, this is a truly sick old lady or a badly injured young man from a road traffic collision and no-one can switch off from this when it all becomes too much.

The Senior Sister's team of eight nurses plus two middle grade doctors and one senior house officer supported by porters, domestic staff and security, and a Consultant on call, are ready for the night. Patients who arrive at reception on foot are seen by a nurse very quickly for assessment and will be treated either as a minor problem or a major one. If considered minor then they will be seen in the "minors" area.

Patients brought in by ambulance are taken straight into an area called "majors" and are allotted to a particular nurse.

Initially they will stay on trolleys in cubicles in the immediate vicinity of the nurses' station from whence they will be moved either to another of the wards in the department or pronounced fit to go home, depending on their condition. Sometimes patients are detained for observation. The five and eleven bedded wards in the department, containing conventional beds, are not very different to any ward in the hospital except that they are mixed sex wards and are a temporary "holding" station for no more than a few hours. Patients undergoing serious trauma will be taken to the Resus (Resuscitation) area where hopefully they will be stabilized. There is also a small day room where relatives, or patients waiting for results, can sit and a separate area for children, a playroom with TV and toys.

The system is controlled electronically by the Meditech Patient Administration



the Emergency Department

System. Four computers standing on the nurses station are constantly in use. Doctors looking at x-rays, checking on patient's notes, writing diagnoses, administering medication, nurses documenting every move from the time the patient arrives in the department, taken to a cubicle, is seen by a doctor, is treated, time of going to and returning from x-ray, transferred to a bedded area or dayroom for results, referrals to specialities etc. etc.

On the wall an electronic screen highlights the time in the department for every patient being treated. Initially the times are shown in green changing to pink after two hours and red after three hours.

Then the pressure is on and Sister is on the phone again talking to the bed manager finding spaces on wards in other parts of the hospital.

It is a helpful system for the staff who can easily glance at the board but the Government limit of four hours waiting time can sometimes cause problems if the department is full to bursting and more patients are still arriving. A badly injured accident victim may arrive into Resus and draw doctors and nursing staff from the less seriously ill patients. Amazingly it is unusual for the four hour limit to be exceeded, and it is often very much less, but it is a constant stress.

Spending a night in the department left me almost breathless watching the continuous movement of the staff, who never sit down, except to use a computer (and two of those are used standing up!).

Temperatures, blood tests, ECGs, all kinds of assessments are ongoing and then patients are monitored closely until a diagnosis is made.

It is all done with a kindly but cool efficiency, caring and calming by a team who share a gentle camaraderie. It was wonderful to see patients who arrived looking very poorly starting to look much better after being rehydrated with a drip or by being given painkillers in this atmosphere of confidence.

Sister is still a very hands-on nurse despite the high demands on her management skills - managing patients and assessing their needs, making sure her staff have breaks even if she does not, managing the bed situation, managing relatives, answering questions and discussing diagnoses with the doctors. Hygiene levels are high with every bed or trolley wiped down before the next patient (she will do that too) and it was noticeable the number of times the staff washed their hands with anti-bacterial soap and then the gel. It was almost like a silent reflex action! All the teams will work for a week and then have a week off. It is the only way that the continuous high pressure of work can be managed.

It is a pity that this roller-coaster service, which is there for us all and genuinely appreciated by all the patients I spoke to that night, has to be interrupted by those who do not think before they decide to come into the Emergency Department.

There are still too many people with problems which should, and can be, dealt with by their GP or dentist or advised by NHS Direct, or Pharmacist and those minor ones which will get better on their own.

These members of the public delay an already over-burdened staff from being able to attend promptly to those in genuine need. There are also those who physically and verbally abuse the staff, sometimes related to alcohol and/or drugs, but this will not be tolerated.

Those who live in this area are so fortunate to have a well-organized, dedicated, hardworking and caring staff waiting for anyone who genuinely needs them, twenty-four hours a day, seven days a week, throughout the year, at the Countess of Chester Hospital Emergency Department.



Messages from your Chairman and Governors



To: All Members
From: Sir Jim Sharples, Chairman

As we approach the end of the 2007/8 year it is a time for reflection but also a time for looking forward to the year to come. The past year has been a successful one with the Countess delivering on its targets and continued financial stability. The refurbishment programme

for wards has commenced and there has been consistent investment in people, equipment and systems.

The year to come will be just as challenging but we will continue to deliver a high quality service for the communities we serve. As well as having good relations with our commissioners our governance arrangements are working well with an increasing membership and a Board of Governors integrated into the life of the hospital.

The Countess will go forward in good shape and in good heart.



To: Staff Members
From: Millie Bradshaw, Elected Staff Governor

I have been elected as a Staff Governor for a second three year term of office.

I put myself forward for election as I wanted to contribute to the future direction of the Trust being a first wave Foundation Hospital.

During my term of office I have been involved in developing the Strategy and Remuneration Policies and Procedures with the Board of Governors. Presently I am involved with the Group to look into Engagement and Communication of Members. This will involve how to actively involve public and staff and explain the benefits of being a Foundation Member.

Staff Governors can be as active as they want and can support a number of Groups within the Board of Governors. Time will be allocated by the ward or departmental manager should this be necessary.

If you want to be involved but may be uncertain what this means please contact me.



To: Ellesmere Port and Neston Members
From: Pat Clare, Elected Governor

The Governors have been experiencing a very quiet period with Christmas and the effect of the Norovirus on hospital activities. All meetings were cancelled to minimise the risk of spreading the virus. We should see a return to normal now 2008 is well under way.

Difficult decisions had to be made by the hospital when the Norovirus really took hold. The safety of the in-patients had to be the priority and the restrictions on visiting and cancellation of planned admissions was the result. I know that staff are working really hard to address the resulting backlog of appointments. It affects both the patients but also the performance of the hospital.

The planned improvements to the hospital are continuing; the Deep Clean/de-clutter project means everywhere is looking spick and span; work on the new Paediatric Unit is due to start at the end of March and continue for 12 months; the ward refurbishment is ongoing and the Critical Care project is also moving forward.

Amanda Green from Patient Advice and Liaison Service (PALS) is keen to involve some Governors and members who do not have a hospital background, to become part of a Readers Panel. They will read hospital leaflets before publication, to ensure that they can be understood by the general public. If you can spare a little time, please contact me.



To: Chester and Rural Cheshire Members
From: Richard Taylor, Elected Governor

I became an elected Governor representing Chester and Rural Cheshire for a three year period in October 2007.

I retired from full time employment with the health service after a 45 year career. I trained in Chester in the late 60's and early 70's as a qualified registered general nurse and qualified psychiatric nurse. I have held senior nursing and management posts in Chester, Macclesfield, Lincoln, Leicester and Warrington.

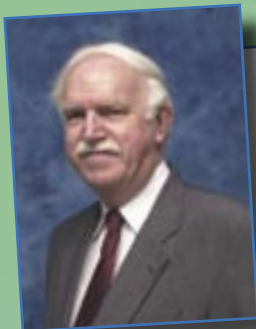
My last role was as a senior manager responsible for clinical governance in North Cheshire Hospitals NHS Trust at Warrington and Halton and although I have an extensive knowledge of the NHS this is the first time that I have been associated with an NHS foundation trust.

Since becoming a Governor I have been impressed with the amount of access to information available to Governors, and also with the amount of active involvement Governors have with the business of the Trust.

Governors have a say in the Trust's strategy/forward planning process, having joint workshops with Board Members where there is an opportunity to discuss and challenge proposed plans. I am also impressed with the information generated by the Trust to its Governors, members and the general population served.

I have been invited by my colleagues to look at ways of developing the Board effectiveness. The first stage will be to gather information on the particular skills/ competencies that Governors bring to the group. This will enable the Board to identify specific areas of interest to Governors.

Once I have this information, the next stage will be to give feedback to the Board so as to facilitate an understanding of our strengths. This will help us to improve our existing capacity, develop our objectives and measure our effectiveness.



To: Flintshire Members
From: Gordon Donaldson, Elected Governor

When I last reported to Members, the Trust was in deadlock with the Flintshire Local Health Board (LHB) on payment for Welsh patients.

David Hanson MP and Sandy Mewies AM were very helpful in bringing the situation to the attention of Ministers, but ultimately it was determination by the Trust and the Board that led to a compromise settlement, which I welcomed at the December Governors Meeting.

The aspects of this settlement which disappointed me were that the cross-border funding problem has been patched up, not solved. Second, discrimination against Flintshire patients will continue. While there will be no difference between English and Welsh patients regarding cancer treatment, urgent treatment/operations and emergency admission, non-urgent patients will be seen in accord with English or Welsh maximum waiting times. Some Welsh patients may still discover that they have waited significant periods longer than their English neighbours. This is institutional discrimination and I will continue to oppose it.

On the positive side, the Trust works well within maximum waiting times and the quality of treatment of has never been an issue. You may have read in the Annual Report that 7% of Welsh patients last year waited longer than the English maximum waiting time, put another way, 93% of Welsh patients waited less than the English maximum time! This shows just how close the Trust and the Board are on funding, and the low level of actual discrimination.

I asked the Trust to seek intervention by Government to simplify cross-border funding; to present the LHB in future negotiations with attractive offers to close the gap between our maximum waiting targets; to co-operate with the LHB on developing NHS services and to publicise to GPs in Flintshire the option to refer patients here, and clarify the situation regarding waiting times.

I would like to thank Members who wrote or e-mailed me on this issue and my Governor colleagues - we have all attended a meeting with the Flintshire LHB to open up a regular dialogue on issues of common concern.

Now you can contact your Elected Governors by email or letter:

Email

Public Governors

Chester & Rural Cheshire
stanley.skyrme@coch.nhs.uk
helen.clifton@coch.nhs.uk
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All Other Staff Groups

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Allied Health Professionals/ Technical/Scientific

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Letter and Fax:

Please address your letter (or fax) to:

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The Foundation Trust Secretary, Countess of Chester Hospital
NHS Foundation Trust, Liverpool Road, Chester CH2 1UL

email: stephen.cross@coch.nhs.uk Fax: 01244 365292

Chairman of the Board of Governors

jim.sharples@coch.nhs.uk

Deputy Chairman

michael.hemmerdinger@coch.nhs.uk

Dates for your Diary

Please check the local press and the web site for further details nearer the time. We'd love to see you at one of these meetings.

Board of Governors' Meeting

Tuesday, 22nd April 2008 at 4.00pm

Board of Directors' Meeting

Tuesday, 10th June 2008 2.30pm

Board of Governors' Meeting

Tuesday, 8th July 2008 at 5.00pm

Board of Directors' Meeting

Tuesday, 2nd September 2008 at 2.00pm

Board of Governors' Meeting

Tuesday, 23rd September 2008 at
5.00pm

Annual Members' Meeting

Tuesday, 7th October 2008
time to be confirmed

Board of Directors' Meeting

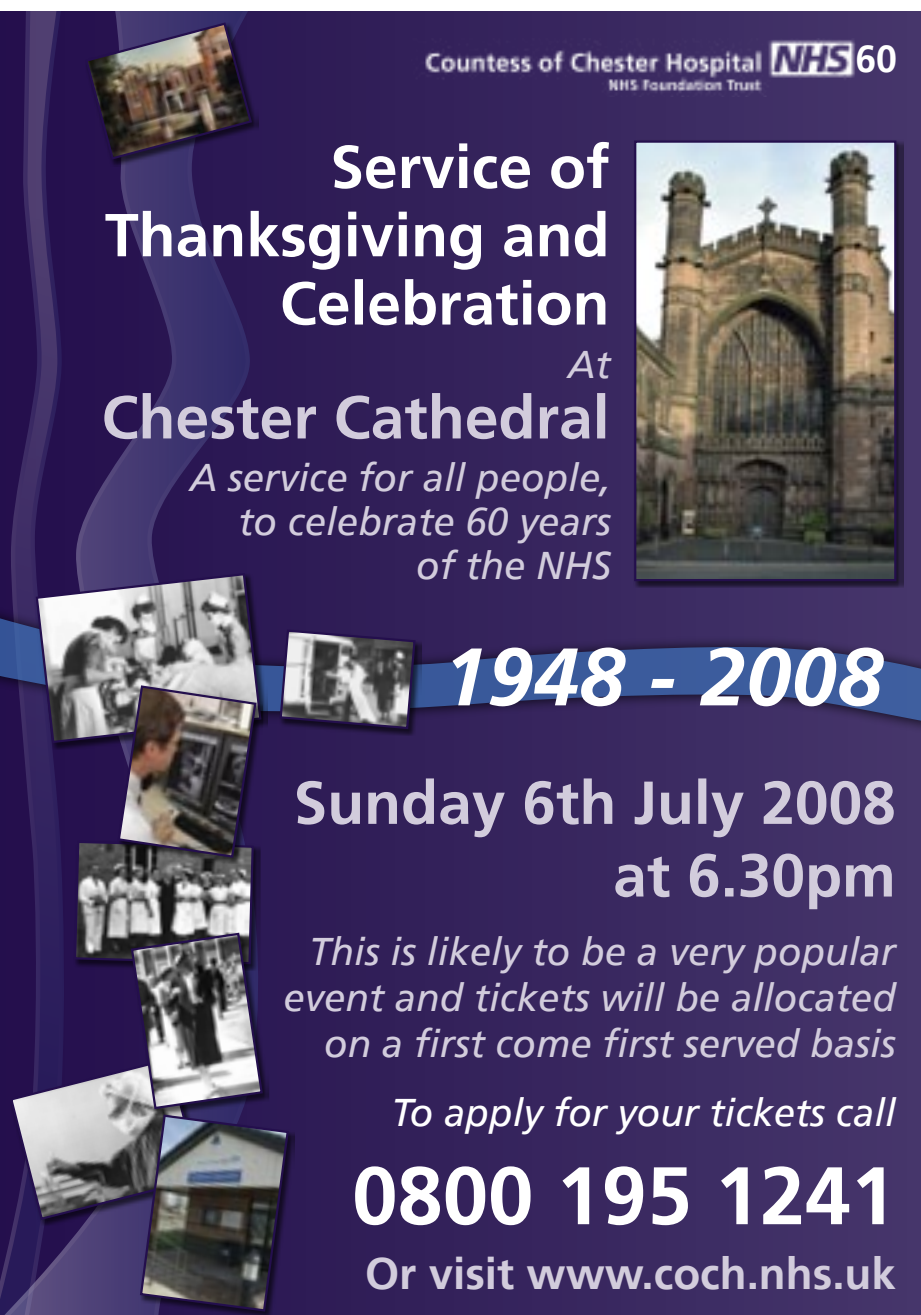
Tuesday, 4th November 2008 at 2.00pm

Board of Governors' Meeting

Tuesday, 2nd December 2008
time to be confirmed

Editorial Team:

Sue Elphick (editor), Stephen Cross,
Stephen Winterson, Dr Simon Greenwood,
Jenni Collins, Jackie Hughes, Pat Clare.




Countess of Chester Hospital **NHS 60**
NHS Foundation Trust

Service of Thanksgiving and Celebration

At
Chester Cathedral

*A service for all people,
to celebrate 60 years
of the NHS*



1948 - 2008

Sunday 6th July 2008 at 6.30pm

*This is likely to be a very popular
event and tickets will be allocated
on a first come first served basis*

To apply for your tickets call

0800 195 1241

Or visit www.coch.nhs.uk