This month the Secretary of State for Health has published a new NHS White Paper, setting out the coalition Government’s vision for the NHS. This White Paper is the first step towards the Government’s ambition for the NHS to achieve health outcomes and quality health services that are among the best in the world.

‘Equity and excellence: Liberating the NHS’ sets out proposals for the NHS to become a truly world-class service: a service that is easy to access, treats people as individuals and offers care that is safe and of the highest quality.

This vision puts patients at the heart of everything that we do. This means giving them more choice and the information they need to be able to exercise that choice. It also means putting GPs in charge of local commissioning decisions and setting providers of health services free from top-down targets.

Local authorities will take on responsibility for health improvement, currently held by Primary Care Trusts. As a result of these changes, the Government expects PCTs to cease to exist from 2013 in light of the successful establishment of GP consortia. It is also planned that Strategic Health Authorities will no longer exist from 2012/13.

A number of more detailed, supporting documents will be issued in the following weeks as part of the White Paper consultation. More information can be found at [http://ghnhst/default.aspx](http://ghnhst/default.aspx)

Dr Frank Harsent, Chief Executive said: “As you know we have been preparing for some of these challenges for some time and are already delivering improvements which have been agreed across the health community.

But now we need to think differently again to fully embrace the innovations we will need to take NHS services forwards.

‘Radical change’ is the phrase being used to describe what we in the NHS will experience in coming months and years.

I see this as an opportunity to work more closely with our partners, NHS Gloucestershire and others across the county, and with you, the staff of the Trust to bring about the right change for our patients and our NHS.

As part of this and together with the whole health community we will, during the later summer and Autumn, be talking to staff from all Trusts, our patients and the public and listening to everyones’ ideas, views, concerns and hopes for our local NHS.

In turn, I promise you that while we might not always agree with each other, your senior team is determined to make sure that your views and experiences are listened to when we are thinking about the future shape of healthcare in Gloucestershire.”
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Health Secretary focuses on patients, innovation and quality

NHS eyes were focused on the NHS Confederation where the new Health Secretary used his speech to reiterate his vision for a healthcare system that is patient-centred, puts power and responsibility with frontline staff and delivers evidence-based practice.

Andrew Lansley said he wants the NHS to be free to innovate and promised to set out what the service will be asked to do rather than how.

He said: “I want to provide freedom, responsibility and accountability so that clinicians don’t have to wait for permission to move from the thing that is targeted to something better.”

And the White Paper, to be published this month, will show where the new accountability will lie, adding: “Where the Secretary of State is not responsible, I will set out who is.”

Mr Lansley said the NHS can start making progress ahead of the white paper.

About clinicians he said: “When the evidence says something works they should be free to get on and do it – without waiting for Whitehall to issue a circular!”

He told delegates that making the necessary £20billion efficiency saving is about doing more for less.

“Protection’ for the NHS is not protection from the need for efficiency. It is protection for patients.

“The NHS should be an example among the public services, and frankly, it should be an example to the private sector too in terms of what it is possible to achieve. And that is going to mean radical changes in the way things are done.”

To read Andrew Lansley’s speech in full, go to www.dh.gov.uk/en/MediaCentre/speeches/DH_117366

See also, Managing the Future Together, P17

OUTLINE DEADLINES 2010

August Edition
Submission deadline: Friday 30th July

September Edition
Submission deadline: Friday 27th August

October Edition
Submission deadline: Friday 24th September

November Edition
Submission deadline: Friday 29th October

December Edition
Submission deadline: Friday 26th November

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If you would like to submit an article for Outline, please contact the Communications Office on 08454 223120 or email comms@glos.nhs.uk
Board Meeting Summary

The Trust’s Main Board meeting was held on Friday 18th June.

The Director of Clinical Strategy, Sally Pearson explained that the Quality Account had been endorsed and was shortly to be published on the NHS Choices website.

The Nursing Director, Maggie Arnold detailed some of the work we are putting in to tackle non-compliance with hand hygiene. These are to include a ‘yellow card’ system and even disciplinary action when it is felt to be appropriate.

The Nursing Director also remarked that progress had been made following the Improvement Notice from the HSE regarding incidents of self-harm and vulnerable patients. She explained that the Trust, along with together and NHS Gloucestershire, had been working collaboratively to improve the care of people with mental health problems in addition to acute health problems. She advised that £300k was being invested to improve the Mental Health Liaison Service in the acute trust. This was welcomed as a positive move, as it will ensure patients receive early diagnosis and treatment.

The Chief Executive’s report advised the distribution of duties previously undertaken by Graham Lloyd. These are as follows:

a. Management of Estates and Facilities – Chief Operating Officer
b. Management of the Capital Programme – Director of Finance
c. Annual Plan and Report – Director of Clinical Strategy
d. Management of Legal Services – Director of Safety
e. Interface with CQC – Director of Safety
f. Board Secretary function – Andrew Collis
g. Interface with Monitor – Trust Secretary

Finance and Efficiency

The Trust has its own financial challenges that we must address.

We finished 2009/10 with an operational deficit of £5.1m. This was mainly due to us not delivering the levels of activity we had planned. We did realise savings of just over £23m, which was a fantastic achievement. This included reductions in length of stay, improved productivity allowing reduced usage of waiting list initiatives, reduced agency staffing expenditure and improvements in prices paid for medical and surgical equipment.

In this year we have a savings target of £30m. At the end of May we are slightly above where we planned to be. This is an adverse variance of £0.2m and we need to make sure that we are all focussed on delivering the savings we require.

We know that we still have areas where we are not as efficient as we could be and these areas need to be tackled. We also need to start thinking more fundamentally about how we can change the way we care for those patients who need our specialist services. Could we offer more advice to our GP colleagues to help them manage a patient’s condition without coming to see us? The whole health community will need to work together over the next few years to ensure that we can continue to deliver high quality care to our patients as is reflected in our Chief Executive’s piece on page one in tougher financial times.
Staff, patients and visitors have welcomed the relocation of the Neurology Ward and the Stroke Ward to the 6th floor of the Tower at GRH. The relocation of the two wards was encouraged by clinical staff who felt that it was sensible for many reasons to bring the specialties together, quite apart from the improvement in surroundings for stroke patients and staff.

‘Bright’, ‘airy’ and ‘spacious’ are the ways staff, patients and visitors are describing the Stroke Ward in particular since it moved up in the world to Ward 6b last month.

And Neurology Ward staff, just next door on Ward 6a are pleased to be able to share a therapies room and individual clinic rooms between the two services, which whilst linked in terms of specialty, also retain their individual identities and skills. Neurology patients also have a refurbished day case bay on the Neurology Ward (6a).

Both ward moves went smoothly thanks to fantastic teamwork by all staff, and while the Stroke Ward has moved furthest, the team managed to move 25 patients and equipment into their new ward in just over an hour.

Sandra Attwood, who oversaw the moves with Senior Ward Sisters, Lin McCall and Helen Brooke, said: “It was amazing, even on the night of the move when I was going around the ward everyone was calm and everything was organised – you would never have known we had moved that day.

“You wouldn’t want patients who have neurological problems or who have had a stroke to be upset or disrupted unnecessarily and that’s the way it worked.

“I was very proud of all the staff, they did a fantastic job on the day and in preparation for the move, I want to say thank you to them all but especially those people who came in on their days off.”

Lin McCall, Ward Manager for Neurology, echoed Sandra’s words. “It was a real team effort, all the nursing staff, the therapy staff, Pete Scarrott and his team and Paulette Knight and her team, not to forget our managers, Nigel Betts, Phil Kiely, James Tubman and Becky Hughes, everyone really pulled together on both days.

“It definitely makes good sense for us all to be right next door to each other– we can share facilities, and the clinicians rooms in particular will allow patients to be seen in private, which is so much better in terms of protecting people’s dignity.”

Lead Health Care Assistant on the Stroke Ward, Helen Hipwood, said the improvement was immediately obvious to patient and their families.

“Even the day we moved people were saying how much better it was. There’s more natural daylight and there are views, we can take patients up to the window so they can look out over the cathedral. It helps our patients to see life going on outside while they’re in hospital with us,” she said.

The last word goes to Lin who says: “Sandra has worked very hard to bring this all about, she’s a visionary woman and I really believe the Trust will benefit from this move. We affectionately call her ‘gold command’ because she’s been dashing about so much with it all!”
Annual Appraisals are for life – not just for 2009!!

Congratulations – managers and staff have worked really hard together to ensure that the majority of staff have had an appraisal in the last year – taking our appraisal activity from 53% to over 90%. This is a real achievement.

We firmly believe that ensuring all staff have annual appraisal is important to the future of the Trust. By encouraging and helping individuals to reach their full potential within their current job and to develop their careers, the quality of patient care and services across the Trust will continue to improve.

The challenge now is to keep up the good work – ensuring that all staff have an annual appraisal every year.

This may mean that - to avoid a sudden rush of appraisals at one time this year – some people may have their appraisal before a year has passed.

As well as increasing overall numbers, we are also looking at improving the quality of appraisals to make them more meaningful. Linking individual objectives to team and divisional objectives will help people see what a difference their performance makes to the whole organisation.

Remember – your appraisal is for you - it is your opportunity to meet with your appraiser to talk about what you do well, to recognise your achievements and discuss any challenges and areas for improvement. You then agree your objectives and identify any support or training that you may need to help you to do your job even better in the coming year.

There is a new version of the U-prepare document on the appraisal website which you may like to use to prepare for your appraisal instead of (or as well as) the current one which focuses on the Trust Values.

Our Engagement Strategy – The Future

The first Engagement Strategy meeting took place on 18th June. We welcomed the attendance and commitment of our community partners from HCCOSC, Trust Governors, NHS Gloucestershire and LINKs. Their contributions were vital to the first meeting and we look forward to their continuing involvement.

Our objective is to develop a strategy that answers the concerns raised earlier this year about the way we communicate, and to ensure that this strategy reflects the needs of the community as a whole. We recognise that the way the Trust engages with key stakeholders is vital in helping to assist patients and carers make informed choices about their care.

Our commitment is that change within the Trust be designed to improve the quality of service we provide. As well as ensuring that any proposed changes are communicated to you within an appropriate timescale, we’ll listen to your views, acknowledge opinions and review our proposals when we need to.

Within this project group, we’ll be discussing the best ways to get our messages across to the people who matter. We’ll also be looking at the most appropriate and effective channels for everyone we engage with.

Further updates will be issued following subsequent meetings during July and August.
Coronary Angioplasty Service is one of the best

Patient recovery times and the speed of treatment from ‘door to balloon’ in the Trust’s coronary angioplasty service shows the quality of our service is among the best in the UK.

Around 650 people a year receive angioplasty in the Cardiac Angiography Suite at Cheltenham General Hospital, where a ‘balloon’ and stent are inserted into arteries to prevent or treat a heart attack.

In a UK-wide audit by the British Cardiovascular Intervention Society, our services emerged as among the best in terms of the quality and number of patients who receive the service.

The audit showed that patients' recovery is better when people are treated at centres which carry out higher numbers.

And other recent information has confirmed that the service currently provides one of the shortest “door to balloon” (a measure of service quality) times for primary angioplasty in the South West region.

Dr Viv Challoner said: “This is a real example of clinical excellence and a testament to the hard work and quality of our Interventional Cardiologists and Catheter Lab Nurses, Radiographers and Technicians.

“It is really good news both in terms of the recording our data and the numbers that we are undertaking. Our numbers put us up with the other high volume centres.”

The Angioplasty Service was introduced by Dr Rafe Chamberlain-Webber in 2003 and has grown significantly with the addition of Dr Zafar Khan and Dr Sylvia Siedlecka.

Prior to this patients from Gloucestershire had to travel to Bristol or Oxford.

Coronary Heart Disease accounts for 1:5 deaths in men and 1:7 deaths in women in the UK.

Quality at the Heart of Our Service

The Trust published its Quality Account at the end of last month detailing our commitment to and progress in improving the health of our patients by putting their needs at the centre of the specialist care we provide.

The Trust has a reputation for clinical excellence and the development of nationally recognised services, and is proud that the hard work of staff has resulted in further improvements in the safety and effectiveness of care and the positive experience of patients.

Dr Frank Harsent, Chief Executive, said: “My clear and simple vision is that people have complete confidence that our hospitals will provide the best care for all patients. Quality has always been at the heart of our organisation, it is what patients would expect and what our staff seek to deliver.”

Foundation Trust Governors and representatives from NHS Gloucestershire are involved in overseeing quality improvements within the Trust, through the Quality Committee.

Highlights from this year include a dramatic improvement in infection rates, alongside the recognition that hand hygiene and other infection prevention developments remain a high priority.

To read the full Quality Account please go to http://www.gloshospitals.org.uk/pdf/Quality%20Account.pdf
The Ward safety team have been testing processes and techniques involved in monitoring a deteriorating patient. The testing has been carried out mainly on Ward 4a at GRH and Guiting Ward at CGH.

The team have been using the PDSA (Plan, Do, Study, Act) improvement technique and small steps of change to improve the reliability of the systems. To achieve real safety improvement the system has to work for every patient every time. In a health care setting, we often think that if our audit results show that something happens 70% of the time, we are doing well. However, this really means we that have a chaotic and unreliable system. For a system to be declared reliable it needs to reach a consistent 95%.

**Structure Communication Testing - RSVP**

Another important area of testing the team have carried out is the structure communication tool known as RSVP. Verbal handover between staff is a critical task that occurs frequently (often at busy times) and it relies on individuals. The reliance on individuals makes it susceptible to human factors (human error) such as memory failure or misinterpretation of information sometimes known as cognitive failures. To help make this process more reliable, the Ward safety team have tested the RSVP tool. This gives structure to the exchange of information and therefore makes the message sent and the message received a lot clearer, allowing for better clinical decisions. Below are examples of some of the work.

**Ward Safety Team:**
- Maggie Arnold
  Executive Lead & Director of Nursing
- Cheryl Haswell
  Trust Lead for Saving Lives
- Ben King
  Resuscitation Officer
- Caroline Elcock
  Ward Manager, 4a, GRH
- Katie Howard
  Ward Manager, Guiting, CGH
- Carole Butler-Williams
  Consultant Nurse for Critical Care Outreach Services
- Philip Kiely
  General Manager, Medicine

**RSVP to improve clinical communication**

RSVP is a structured process designed to reduce clinical errors and to ensure a consistent approach to patient-related clinical communication. The structure is to be used for nursing and medical handovers, inter-speciality referrals and when calling with concern over a deteriorating patient.

**RSVP for patient handover**

- **Reason:** The reason for patient admission.
- **Vital signs:** The patient EWS score, and details of any parameters that are triggering.
- **Plan:** This is the plan and parameters for this patient.
- **Summary:** The relevant medical history and treatment.
Family say thank you to hospital staff

The family of a patient who received care at Cheltenham General raised money for the Hospital’s Vascular Unit by way of saying ‘thank you’.

Raymond Thornton, a former truck driver from Charlton Kings, died earlier this year when he suffered an aneurysm at the age of 82.

His family organised a party at Swindon Village Hall in Church Road to pay tribute to Raymond and with a prize raffle, games and a collection bucket, the event raised £416 to go towards new equipment at the unit.

Raymond’s son Kevin said: “We were so grateful to hospital staff for the care they gave dad.

“They went above and beyond the call of duty and were brilliant in the way they dealt with the family at a particularly difficult time.

“This was our way of saying thank you.”

Family members gathered at Cheltenham General Hospital to hand over a cheque to staff at the vascular unit.

A spokesman for The Trust said: “The donation is much appreciated by Gloucestershire Hospitals.

“We would like to take this opportunity to thank Ray’s family for their generosity.”

Councillor’s £1,800 thanks

COUNTY council chairman Gordon Shurmer has thanked Cheltenham General Hospital for its care by raising more than £1,800 for the oncology centre.

Mr Shurmer spent months undergoing intensive chemotherapy treatment at the centre and named it his charity of the year. He said: “I am proud and delighted to be able to hand over a cheque for £1,801.05 to the Oncology Centre following a charity event.

“Many people gave generously in an auction with prizes from a bottle of wine signed by David Cameron to pop festival tickets donated by radio DJ Bob Harris.

“I have been keen to give something in appreciation of the staff’s expertise, dedication and the extraordinary care I received at the centre.”

Pat Barlow, manager of the FOCUS Cancer Information Centre, said: “We are grateful to accept this donation; it will certainly be put to good use in enhancing patient experience at the oncology centre.”
National Dementia Awareness Week

...Remember the person

National Dementia Awareness Week took place in England and Wales between the 4th – 10th July 2010. During this week, staff were urged to think about the people they know living with dementia and about the simple things they can do to make life for them more manageable and enjoyable.

In recognition of this week the Trust (in partnership with our two local Alzheimer’s Societies) held display events on Wednesday 7th July at both GRH and CGH. The displays revealed some of the developments taking place within the Trust to improve the experience of patients with dementia and their carers.

To find out more about dementia visit the National Dementia Society website - http://alzheimers.org.uk/

From this website access:

- information on ‘living well with dementia’
- the ‘Remember the person’ booklet
- the ‘This is me’ booklet

The Trust Safeguarding Adult Intranet page includes the Dementia Toolkit on the Dementia Intranet page. In addition to this clinical staff can access the Dementia e-learning pack from their ‘learning tree’.
Battledown Ward at CGH is the setting for a unique new DVD aimed at helping children coming into hospital. Designed to allay children’s fears about coming in for a planned procedure, it was written and produced by expert play specialists with the guidance of Sister Claire Hunt, the Ward Manager.

One of the first films of its type in the country, it features local children playing the parts of patients, relatives, nurses, surgeons and anaesthetists.

Claire Hunt comments “The inspiration for our DVD was from the Thompson Airways in flight safety film, where children demonstrate all the emergency procedures.

Our premiere viewing on July 6th to a pre-operative group of children was met with complete awe by the assembled children as they started to recognise their surroundings. It was met with a great reaction from their parents too!”

As the pictures show, the children really enjoyed the filming, and played their parts with great enthusiasm!

Debbie Killman, Deputy Lead Nurse Children’s Services: “Filmed during June, the DVD will be available to children and parents to watch as they arrive on the ward for their surgical procedure”.

Concentrating on their lines in the anaesthetic room.
CGH Domestic Services aim high!

Domestic Services at CGH are provided by Healthcare Initial and since January 2008 every quarter (3 months) they’ve been awarding a national HI Flyer Award. The prize is a £75.00 cheque and a certificate to acknowledge their contribution to the environment they work within.

Over the last 2 years, several of our Domestics and Housekeepers have been nominated by Patients, Ward Managers, Matrons, fellow staff members and Departmental Managers.

Recently, we had three winners from two Wards who really deserve recognition for their achievements.

Pawel Talarczyk and Arkadiusz Cejrowski both work on Guiting Ward at CGH as a Domestic and Housekeeper. They were nominated by Katie Howard, Senior Sister, who comments “Arik and Pawel are an asset to the ward. They are both extremely passionate about the quality of service they provide and are an integral part of the Guiting Ward team. I nominated Arik and Pawel because they deserve recognition for everything they do and in our eyes, they will always be high flyers.”

Sherif Hamdim Salama works on Hazleton Ward as a Housekeeper, and was nominated by Hazleton Ward Senior Sister/Ward Manager Annie Elyan. Annie explains why she nominated Sherif: “Sherif is always so helpful, works extremely hard and is an important member of the Hazleton Ward team. Our ward is complex, with patients who are on all sorts of different food and fluid combinations. Sherif ensures the patients receive the access to fluids suitable for them, and has trained other members of the domestic team accordingly.

“Sherif has good relationships with everyone who comes to the ward and is very kind and respectful to all. He often receives positive feedback from patients and visitors who remark on the difference he makes to the care and the environment on Hazleton Ward.” adds Sister Catherine Butler.

Listed below are some previous winners within Domestic Services:

- **Renata Clorga**
  Nominated by Pharmacy Department
- **Myra Galfin**
  Nominated by Healthcare Initial HR Department.
- **Margorzata Trocka**
  Nominated by Liz Bruce, Modern Matron
- **Katarzyna Kubicka**
  Nominated by Rendcomb Ward

Healthcare Initial welcome any future nominations. To obtain a form please call CGH on ext. 3639 or email steven.grantham@glos.nhs.uk.

Ward 7a Day Room Gets a Boost

Longlevens Community Association, chaired by Martyn Boster, donated a surplus-to-requirements large wheeled TV to Ward 7A at the suggestion of his wife Coral, who works in Infection Control.

Ward Manager Alison Hutt had mentioned a requirement to recover the existing day room furniture in a material more suitable for cleaning thus satisfying infection control requirements. Martyn approached the furniture company and presented their quote to his Committee members who voted unanimously to support the cause!

In addition to the TV, the Community Association will now meet the full cost of re-covering the furniture with their generous donation of £1,217.95.
The Carbon Trust seal of approval

“I am very pleased to be able to let you know that your carbon strategy meets all of the Carbon Trust’s criteria for a good quality carbon management plan. I think you have produced an excellent plan with a clear financial business case that will provide your Trust with a road map to cut both carbon and energy costs over the coming years. Congratulations!” Tim Pryce, Public Sector Manager, The Carbon Trust

Goal for Gloucester A&E

Thanks to the North Gloucestershire Football Association, who donated £2,300 to the A&E department at GRH. The cheque was presented to the team on 30th June by ten members of the FA.

New Ultrasound for A&E

Dr Mark Allan, Consultant in Emergency Medicine, enthusiastically demonstrates new ultrasound equipment with the help of Dr Adnan Amin, Clinical Fellow, to Dr Brian Witcombe and Mrs Christine Rice, respectively Chairman and Vice-Chairman of the Friends of Gloucestershire Royal Hospital. The Friends contributed to the cost of the equipment which can be used to rapidly assess many emergency patients.

Dr Allan said he felt that the equipment represented one of the best investments made in the Emergency Department and was used many times each day for a variety of purposes.

Call for Entries 2010

IT’S NOT TOO LATE!

Give your colleagues the recognition they deserve

CLOSING DATE: 31ST July 2010

Email: hr@glos.nhs.uk, telephone 6393 or visit the trust intranet today
New Single Point of Clinical Access

July 1st 2010: A Single Point of Clinical Access for urgent, unplanned care - 08454 220300

Have you got their number?

From the 1st July 2010 the Gloucestershire Health Community will have a single point of access for urgent, unplanned care. This will merge:

- The UCRC (Unscheduled Care Referral Centre) which has operated within the acute trust as part of the Utopia project to access acute services such as admissions, assessments, specialist advice and urgent outpatients, and
- The SPCA (Single Point of Clinical Access) which has provided access to community hospital beds and to urgent community services

These current services will merge and be known as the Single Point of Clinical Access. The SPCA will consist of experienced acute and community staff from the existing services. UCRC staff will be moving to Edward Jenner Court on 1st July. The service will be available from 08.00 – 21.00 Monday to Friday and 09.00 – 17.00 at weekends and bank holidays and will available on one number 08454 220300.

The integrated service has been planned in response to feedback and engagement involving key professionals from health and social care, including GP PBC leads, where it was felt that a single contact point would be most effective in managing unscheduled care demand. This is a joint initiative between NHS Gloucestershire, NHS Gloucestershire Care Services and Gloucestershire Hospitals NHS Foundation Trust.

Who can use the service on behalf of their patients?

- GPs
- Great Western Ambulance Service
- GPs on behalf of care homes
- Community health teams and inreach

What will be the role of the SPCA after 1st July 2010?

Health and social care professionals should contact SPCA on 08454 220300 when they have a patient who needs, within the next 24 hours:

- Urgent, unplanned admission, assessment and or treatment from an acute hospital service (i.e. calls that currently go to the UCRC should go to the integrated SPCA from 1st July)
- Urgent, unplanned support from a community service or admission to a community hospital
- Advice on services in the community that may be available for that specific patient’s requirements in order to support them remaining at home

The SPCA WILL NOT handle emergency 999, urgent acute mental health problems, urgent acute dental problems, children under 18 or maternity referrals or non urgent referrals.

Will this change the process out of hours?

The SPCA number (08454 220300) will be available 24 hours a day. It will be manned between 09:00 and 21:00 Monday to Friday and between 09:00 and 17:00 weekends and Bank Holidays. Outside of these hours, callers will be asked to select either community services or acute care. If they choose community they will be diverted to the Out of Hours (OOH) Hub and if they choose acute, they will be given a choice of either CGH or GRH for assessments.

All GPs that work for the OOHs service who need to admit currently call the community hospitals or acute direct and this will not change. Access to the latest community hospital bed state will be provided to the OOHs hub so that GPs can be advised by the hub where the most appropriate bed is available.
The Trust supported several national and regional campaigns during June and July:

**Learning Disability Awareness week 21st – 25th June**

Learning Disability Awareness week was a chance to raise awareness about the issues that affect people with learning disabilities, their family and carers. Several displays and activities took place throughout the county, while our focus was on how the hospitals are supporting people with a learning disability when they access the hospital.

The hospital liaison nurses for learning disabilities had stands in GRH outpatients and CGH outpatients areas on 21st, 23rd and 25th June.

Contact: Bev Farrar, Learning Disabilities Hospital Liaison Nurse. Tel: 08454 224953 Mobile: 07825 928091 email: beverley.farrar@glos.nhs.uk

**Deaf Awareness Week 28th June – 4th July**

In Gloucestershire there are more than 36,000 hearing aid users, and many of them find communicating with family and friends difficult or frustrating. During Deaf Awareness Week, Hearing Services at the Trust organised information stands to raise awareness about the many different methods of communication used by deaf and hard of hearing people, including sign language and lipreading.

Information stands were set up in the main entrances at Gloucestershire Royal Hospital on 28th and 29th June and Cheltenham Hospital on 30th June and 1st July.

Nell Lovegrove, a Hearing Therapist from the Trust said “One person in seven in the UK has a hearing loss, but in Deaf Awareness Week we are hoping to reach everyone: hospital staff, patients and their relatives and friends, whatever their level of hearing…”

During the week, there was an emphasis on training and awareness for staff, with seminars and training sessions taking place on both sites. These sessions were designed to help staff gain a better understanding of the impact of hearing loss as well as helping with communication and offering assistance to the hearing impaired.
Clean Hands Save Lives

LATEST NEWS

The 5 moments for hand hygiene

Compliance with hand hygiene remains a real challenge to the Trust and it’s a serious patient safety concern. Overall Trust compliance in May was only 86%.

Hand hygiene champions have asked for help in feeding back non-compliance with the 5 moments for hand hygiene. The Quality Committee has now asked for the names of staff who are identified as being non-compliant to be submitted to the divisional directors.

If a name appears twice disciplinary action (where appropriate) will be taken.

The Yellow Card

A recent hand hygiene workshop highlighted that some groups of staff remain unaware of the 5 moments for hand hygiene, despite the Trust’s continuing campaign.

To assist the champions in providing immediate feedback, a yellow card has been developed to highlight non-compliance with the 5 moments for hand hygiene.

The hand hygiene champion will tick the box of the moment the staff member was non-compliant with. The reverse of the card will provide further information on each moment.

If you or your department feel they need further information on the 5 moments for hand hygiene please contact Marion Johnson Senior Infection Control Nurse on 3129, CGH or email marion.johnson@glos.nhs.uk

Look out for the quiz on the back cover.
Willing to learn?

The Lifelong Learning Department have recently launched their revised intranet pages making it easier to find information on learning opportunities.

On the site [http://gnhnst/C12/C13/Lifelong%20Learning%20and%20NVQ/default.aspx](http://gnhnst/C12/C13/Lifelong%20Learning%20and%20NVQ/default.aspx) there are clear links to National Vocational Qualifications (NVQ) in Health and Social Care, Business and Administration, Cleaning and Support services and other vocational areas.

You can also find answers to frequently asked questions about Apprenticeships, and how to access Skills for Life (Literacy and Numeracy) support.

The Lifelong Learning Department continues to work closely with its external partner organisations to enable staff without previous qualifications to enrol on Government funded (no cost) NVQ awards, and to negotiate best value and use of resources where an employer contribution has been applied.

If you have any questions or would like to find out more about a certain award please do not hesitate to contact Lucy.Bates@glos.nhs.uk tel: 08454 22 5113 or email: Lifelong.LearningTeam@glos.nhs.uk tel: 08454 22 5176.

Chris Pickering gets on his bike for Charity

Chris Pickering, a SHO in acute medicine at the Trust, is cycling from John O’Groats to Lands End in 10 days during August. Cycling with his wife and two school friends, he is raising money for both Cancer Research UK and Help for Heroes – aiming at a total of £25,000.

“One of the inspirations for the bike ride is my cousin, who died in his early twenties from leukaemia. His twin brother survived the same condition thanks to a bone marrow transplant, and whilst I was at medical school one of my housemates died of a tumour of his spinal cord.

“We are also raising funds for Help for Heroes. One of our close friends has seen active service in both Basra and Helmand and has had to deal with casualties on the front line. Personally, I have lost 2 people I know in these conflicts.”

To sponsor Chris, or just find out more, visit his website - [www.lejog2010.co.uk](http://www.lejog2010.co.uk)
Breast for Baby

Maternity Services at GHNHSFT have successfully achieved the Baby Friendly Initiative (BFI) stage 2 assessment. This was particularly poignant as it was within National Breastfeeding Awareness Week (21-27 June) and they passed with flying colours. This will now allow the maternity service to apply for full accreditation next year when they move to the New Women’s Centre next year.

The three-day assessment undertaken by BFI external assessors involved interviewing all groups of staff across maternity and neonatal services to assess their breastfeeding skills and practice and a total review of staff breastfeeding training.

The assessors reported a high standard of staff competence in supporting mothers to successfully breastfeed their babies across all nine categories.

“This is fantastic news, so well done to all maternity and neonatal staff.” Dawn Morrall, Assistant Director of Midwifery & Nursing.

Staff Matters

Managing the Future Together – an opportunity to shine

At the end of June around 100 senior clinicians and leaders from across the Trust came together to collectively consider the future priorities for our Trust and how we continue to improve the services we provide.

Chief Executive of NHS Gloucestershire, Jan Stubbings joined our own Chief Executive, Dr Frank Harsent to give presentations in which they clearly spelt out that we must continue to change to improve, so that we can meet the expectations of patients and the public in terms of quality and the cost associated with delivering this.

Dr Harsent illustrated many positive achievements during the last 12 months, not least of which was the Trust’s success in controlling MRSA, good patient satisfaction ratings, the development of an improved emergency care system in UTOPIA, which is bringing real benefits to patients.

Dr Harsent reminded those assembled about our new facilities, including the women’s centre, the excellent calibre of the staff we continue to attract to the Trust and our far closer and collaborative relationship with NHS Gloucestershire, also the achievement of £24million in savings.

Both Chief Executives stressed that the NHS needs to change radically in order to meet the challenges ahead. Those challenges include the health and wellbeing of the population, quality improvements encompassing safety, patient experience and continuous improvement, patient expectations for care closer to home, our workforce, providing information and providing evidence based care.

As Dr Harsent said: “Don’t think that this is all about money. We must focus on our purpose - to provide care for patients.”

He added: “There are radical changes ahead and we will be working very closely with the public in Gloucestershire, our NHS partners and others with a stake in the NHS to make the most of this as an opportunity.”

All staff can read the full presentations and information from the three master classes online now at http://ghnhst/C18/eld/ManagingFutureTogetherConference/Leadership_Seminar.pdf

Managers who attended the event will be sharing the information they received at the event with their teams.
The minimum expectation of consultant-led services is that no patient should wait more than 18 weeks from the time referred to the start of hospital treatment, unless clinically appropriate to do so. This is measured against the minimum operational standards of 90% (admitted patients) and 95% (non-admitted patients). Trusts are required to meet this target both overall and for each individual specialty.

To reach compliance with this challenging target, the 18 Week Team and Service Managers have been working hard to support staff.

Launch of the new Clinic Outcome Form

The new Clinic Outcome Form has been in use in clinics since 17th May. It is important that this form is completed accurately so that the correct patient Referral to Treatment (RTT) status is recorded on PAS. Incorrect RTT data means that the data we report externally is inaccurate and this can mean that the Trust fails to meet 18 week target and can lead to financial penalties.

Training Sessions

During the last few weeks over 500 staff from GRH, CGH and the Community Hospitals have attended training on 18 Weeks and outcome form completion. These sessions were delivered by the National 18 Week Team. Additional ad hoc training and awareness sessions are also being arranged with teams and staff groups who have been unable to attend the booked sessions or feel that they need some extra help.

Validation Team and 18 Week Helpdesk

A twelve strong Central Validation Team is being created to validate the large number of patient records on PAS which required validation (ie those patients for whom the RTT outcome has been incorrectly recorded). The team is based at GRH, with six staff are already in post and more joining during July. In addition to validation the team is supporting staff in clinics, auditing clinic outcome forms and operating an 18 week Helpdesk (Monday – Friday).

18 Week Guide

Information to support staff involved in delivering the RTT target has been written and circulated. This guide provides a number of scenarios and examples of when to use the new RTT outcome codes.

Policies

A new Elective Access Policy will replace the current ‘Framework for the Management of Scheduled Care in Gloucestershire’.

You can contact the 18 Week Helpdesk on GRH 5921 or email them at rtt.team@glos.nhs.uk

For more information about 18 Weeks go to www.18weeks.nhs.uk or contact the 18 Week Project Manager, Gill Bridgland (gill.bridgland@glos.nhs.uk)
Wait targets – an update

Despite the Department of Health issuing a revision to the NHS Operating Framework, there was no signal that clinically unjustified waits are acceptable. The NHS needs to continue to deliver improvements in access and quality.

In particular:

18-week waiting times

- It is clearly stated that during 2010/11 the contractual position will remain.
- Referral to treatment data will continue to be published and monitored.
- Patient’s rights under the NHS Constitution will continue, as will the accompanying legal requirements to ensure that providers are achieving the waiting times rights.

The only change is that the Department of Health will immediately cease performance management of the 18 week waiting time target.

4 hour A&E waiting times

The 4 hour A&E standard will continue to apply.

Whilst the Department of Health have advised that the performance threshold will change from 98% to 95%, we currently have a contractual agreement to deliver 98%. Monitor our FT Regulator have also stated that the standards in the original Compliance Framework 2010/11 remain current.

In summary, the ‘targets’ have not gone away, and we must continue to focus on continuing the recent progress made on both the 98% 4 hour A&E target and 18 week RTT. The Trust remains fully committed to continue to deliver improvements in access and quality for our patients.

Evelyn Barker, Chief Operating Officer / Deputy CEO
The new Women’s Centre at Gloucestershire Royal Hospital has been finished ahead of schedule and is due to open its doors in January 2011.

The centre will provide enhanced care for women and their babies in new, state-of-the-art facilities. The delivery suite in the new centre will be the single, centralised maternity service for women in the county who might require medical or anaesthetic intervention during labour. The centre also includes a separate midwifery-led birth unit for ‘low risk’ women.

Dhushy Mahendran, Chief of Service, Women’s & Children’s Services: “The opening of the centre is excellent news for women and their babies in Gloucestershire. As well as providing additional facilities to help women with complex care needs during labour, the self-contained midwifery unit will enable women to give birth in a home-from-home environment.”

At the same time, a new midwifery-led birth unit in Cheltenham will open, suitable for women expecting low-risk births. Stroud Maternity Hospital (run by Gloucestershire Care Services) remains as an alternative choice for women whose births are considered to be low-risk.

Midwives will be contacting women whose choices are affected or influenced by the opening of the new Centre. Women are encouraged to talk to their midwives about all the available options before making their choice.

Schedule of opening:
Outpatient Clinics: 10.01.11

Delivery suite, midwifery-led birth unit, neonatal unit: 15.01.11

The Facts at a Glance

- Obstetric delivery suite features 12 en-suite rooms along with three dedicated to women requiring high-dependency care.
- Two obstetric theatres in the new centre will benefit from a close link with the Hospital’s department of Critical Care – in the rare cases when serious complications arise.
- Access to specialists, together with round-the-clock intensive care facilities will offer additional support to seriously ill and premature babies.
- Centralising neonatal facilities on one site means the number of intensive care cots available in the county will increase from seven to ten, with 14 special care cots.
- 7 self-contained LDRP (Labour, Delivery, Recovery, Postpartum) rooms in the midwifery-led birth unit enable women without complex care needs to give birth in a homely, non-clinical environment.
- Midwifery-led birth units at Cheltenham General and Stroud Maternity Hospital (managed by Gloucestershire Care Services) will remain, offering women across the county more choice.

Outpatient care departments for gynaecology, ultrasound and ante and post-natal care will be provided in the new centre. Existing clinics for these specialities will continue at Cheltenham General, Stroud and other community hospitals, ensuring that women can continue to have their outpatient care at their local hospital.
Introducing a new service...
Ambulatory Day Unit (ADU) at Gloucestershire Royal Hospital

What is the Ambulatory Day Unit?
The Ambulatory Day unit (ADU) opened in mid July and is sited on two bays on Ward 4B of the Tower at GRH. The unit will provide treatment for patients who need the services and skills of an acute hospital but do not need to be admitted to an inpatient bed. Dr Tom Pickett, Consultant Physician and Clinical Lead for Acute Medicine, said: “This will provide a better service for patients – who tell us that they would prefer not to be admitted to hospital if it can be avoided - and will help us to give a more efficient service and more choice to GPs.”

Who will refer to the ADU?
- Patients will be referred to the Ambulatory Day Unit either through the Emergency Department or GPs, using the Single Point of Clinical Access telephone service.
- Following initial diagnosis patients may need to visit the ADU on several occasions for treatment and will need to be in a stable enough condition and also able to arrange their own transport to and from hospital.

Why offer an ADU service?
- Some patients are being admitted to hospital in order to receive treatment or diagnostic testing, but they are not acutely unwell.
- Better choice for patients by offering a 7-day extended hours service
- Patients will be managed by senior staff experienced in these pathways.
- It will reduce demand on our inpatient beds.

What about the Medical Day Unit elective work?
- Infusions and some simple investigations currently available via the MDU will continue within the ADU service. As capacity allows we will be able to expand the number and range of infusions and tests offered.

The ADU service is not suitable for:
- Patients who need the facilities of an inpatient ward, either due to their clinical condition, or personal circumstances, such as lack of transport.
- Children and maternity patients.
- Patients who need to see a specialist directly through the elective referral process

When is it open?
Monday to Friday: 8am to 8pm
Saturday and Sunday: 9am to 3pm (DVT and follow up patients only).
Annual Baby Remembrance Services 2010 – “So Dearly Loved, So Briefly Known”

This year’s annual baby remembrance services will be taking place again this autumn. “So Dearly Loved, So Briefly Known” are services which provide an opportunity for space and reflection to remember those babies who have died at any time from conception into the early stages of life. They are open to anyone who has been affected by the loss of a baby. You might be a parent or sibling, a grandparent or relative, a member of the hospital staff or a friend. Your bereavement may be recent or it may have happened many years ago. It doesn’t matter. These services are an opportunity for you to remember your baby and to meet other people who understand because they have also lost babies that they loved.

The services are conducted by the hospital chaplains and supported by other members of staff who will be around to talk with you afterwards.

Although they follow a broadly Christian pattern of worship, it doesn’t matter what faith background people have. All are welcome to attend and each year there are a large number of people who come along because they appreciate a safe and open place in which they can acknowledge and remember their children. There are two services, one in Cheltenham and one in Gloucester so that people can choose which one they attend.

Gloucester
7.00 p.m. Friday 24th September 2010
The Chapel
Gloucestershire Royal Hospital, Great Western Road, Gloucester, GL1 3NN
Cheltenham
7.00 p.m. Friday 1st October 2010
St. Luke’s Church, College Road, Cheltenham, GL53 7HX

For further details please contact the chaplains on 08454 22 6200/4286, or the bereavement support midwife at GRH on 08454 22 5526.

Countywide IT & Systems Training Service

Do you need help with emails? Can you create a pie chart? Or add custom animation to a presentation?

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New dates available now.

Please see the Gloucestershire Academy website for more details or contact the team on 08454 226087 or it.training@glos.nhs.uk
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To claim discount ID must be produced at the time of purchase. Only one discount per person, per meal, per day. Not valid in conjunction with any other offer.

**Stinchcombe Hill Golf Club in Dursley:** is an 18 hole course with spectacular views over the River Severn and across seven counties. With bar, restaurant, changing facilities and a club shop, we offer a relaxed and friendly welcome to all new golfers. We are offering a discount membership for 2010 to employees in the public sector. This is available at a special rate of £245.00 which covers the period 1st July 2010 – 31st December 2010 (normally £313.00). This will give you full access to the club and its facilities, with no restrictions. If you’ve never played before, the offer includes a FREE INTRODUCTORY GOLF LESSON. To take up the offer, please contact our office. Proof of your employment is required. Please call Ian Crowther on **01453 542015** or email secretary@stinchcombehillgolfclub.co.uk www.stinchcombehillgolfclub.co.uk

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**Staff benefit: Subsidised massage:** Monday and Thursday 6.30pm – 8.30pm (West Block OPD CGH) To book, phone Samantha Franklin, **07870 656181** Price - £16 per hour

**Birdlip & Brimpsfield Playgroup at Birdlip Village Hall:** Mondays, Tuesdays 9am – 12 noon rising 3’s and over, Thursday 9am to 12 noon from 2 years old (accompanied until 2 yrs 9 months). Come and see us play! Telephone our play leader on **07914 091427**.

To place an advert, please contact comms@glos.nhs.uk. Alternatively, place your advert on the ‘Staff Classifieds’ section on the intranet (under useful pages)
### Take 5 minutes to answer our 5 Moments Quiz

<table>
<thead>
<tr>
<th>Q1</th>
<th>What is the 5 moments approach to hand hygiene?</th>
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<tr>
<td>Q2</td>
<td>Which organisation is responsible for the 5 moments approach to hand hygiene</td>
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<td>Q3</td>
<td>What is meant by a patient’s zone?</td>
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<td>Q4</td>
<td>When would moment 1 be used?</td>
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<td>Q5</td>
<td>After touching any object, equipment or furniture in the patient’s immediate vicinity what moment should be used?</td>
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<td>Q6</td>
<td>Following potential exposure to bodily fluids which moment should be used?</td>
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<td>Q7</td>
<td>What is the Trust target for hand hygiene compliance?</td>
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<td>Q8</td>
<td>Hands should be decontaminated on entry and exit to the wards True/False</td>
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<td>Q9</td>
<td>Following patient contact which moment should be used?</td>
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<td>Q10</td>
<td>Decontaminating hands on entry and exit to ward/department should be included in the hand hygiene audit? True/False?</td>
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See article on page 15 for more details. Answers on page 23.