

# Involve

SPRING 2018: MARCH–APRIL EDITION

## A capital opportunity

£39.5m awarded to develop centres of excellence

MORE DETAILS ON **P6** →

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## Message from Deborah Lee: Spring 2018

**As I put pen to paper – or fingers to keyboard – the sun is shining and it's a beautiful spring day after what seems to have been a very, very long winter.**

As we appear to be finally moving into the new season, I am taking a moment to reflect on the last few months. Those of you who follow my weekly messages will know that, as a leader, I am an optimist and I like to see opportunity where others may simply see challenge or uncertainty. However, news headlines about the NHS throughout this winter have made for difficult reading.

You would be forgiven, when reading recent headlines, for thinking that the NHS is doomed however, despite the challenges facing the NHS nationally, staff and teams in Gloucestershire have risen to this challenge and succeeded on so many fronts.

We have bucked the national trend of declining performance, delivering significantly better on every measure of winter success over last year's achievements, including being the most improved Trust in England for 4 Hour A&E performance. See below for just a few of the headline improvements:

- Trust 4 hour performance 91.9% (up from 78.39 % last winter)
- Ambulance handover delays 172 (down from 642 last year)
- Sepsis 1 hour to antibiotics 91% (up from 49% last winter)

It hasn't just been about winter – the Trust has excelled in other areas in recent months



and of note we have secured national acclaim for the (rapid) work we have done to transform how we deliver our trauma and orthopaedic services, which I see as just the beginning of our journey to deliver our vision for Centres of Excellence. As we approach the year ahead, I look forward to us achieving more and continuing to get great feedback from patients as we deliver even more improvements on our *Journey to Outstanding*.

*"I like to see opportunity where others may simply see uncertainty"*

We know that many staff are feeling the effects of winter and as just a small mark of our appreciation, the Trust Leadership Team will again be hosting an event to say thank you to staff for all that they do. At the Big Staff Thank You event, staff attending will dust down their checked shirts and stetsons (or kilt and sporan) for a barn dance-come-ceilidh. For those who cannot attend, thank you from all of us



for your huge contribution this winter.

Despite my optimistic nature, I admit to being slightly disappointed by the results of the annual national staff survey which, this year more than ever, reflects the challenges facing the NHS as a whole, with many measures of staff satisfaction declining. However, despite recognising the challenges facing staff in the NHS generally, I was especially disappointed in the picture for Glos Hospitals; not because I think everything is sorted and running as it should be, but because of the Board's ambition for staff experience and the efforts made in the last year to listen to staff and respond to their concerns. Our response will be to double our efforts and to make sure that we are clear on what really matters to staff and that we have clear plans to address those things. Importantly, it reinforces the importance of our *Journey to Outstanding* (#J2O) and the attention we are paying to 'culture' and enabling staff to deliver the quality of care they aspire to – the evidence tells us that staff are most engaged when they are doing what they come to work



to do – delivering the best care to our patients. I was particularly disappointed by the decline in the number of staff reporting our Trust as a place they would recommend to others either to work or receive care; the latter is of particular interest as the facts point to us delivering better outcomes in many of the key areas such as mortality, waiting times and patient experience.

On a very positive note for staff, late March saw the Government accept that the recent approach to public sector pay restraint must come to an end and that the NHS should be the first to benefit. This direction undoubtedly reflects an acknowledgment that if the NHS is to recruit and retain the staff it needs, it must address the issue of pay but I believe most importantly that this decision reflects the high esteem with which the (voting) public hold the NHS and its staff; this, alongside this year's media coverage of a particularly difficult Winter, can only have helped in swaying the Government in this direction.

Nurturing talent is something that has been a theme throughout my career and some of my most rewarding hours are those spent mentoring and coaching others. I was therefore especially delighted when Emma Wood, our new Director of People and Organisational Development put forward her early thoughts on how we might develop our most talented staff.

## Message from Deborah Lee: Spring 2018

Well-led talent programmes start with the premise that everyone deserves to be valued, supported, trained and developed. They recognise that 'development' for some will mean career progression but for many others it will be about being the very best they can be, in the role they are in – at least for now. The other characteristic of great talent management is that it recognises that talent isn't something that affects only senior staff. We have talented staff in every area, working at every band with diverse characteristics and we must ensure that everybody has the chance to flourish by having their talents recognised and developed. Final details of our approach are being worked through, with the aim of launching the programme in the early summer.

If I had a signature word or three for this year's approach to activity it would be 'productive, productive, productive'; treating more patients, within the resources we already have at our disposal, is the priority for this year. We have lots of evidence of opportunity in this respect, which we will be enabling with our two key transformation programmes in the

areas of theatres and outpatients.

Our *Journey to Outstanding* (#J2O) continues apace and I would urge you to join us on twitter (@gloshospitals) and see what the fuss is about. There are so many initiatives going on at the moment that I can't mention all of them but suffice to say that so many staff are developing new and exciting initiatives that will really help transform things for our patients – and of course they deserve nothing less. On Friday the 13th April we ran a PechaKucha style event and celebrated the great things that 20 of our services are leading on, for the benefit of patients. One thing I did pick up whilst following Chief Nurse Hams was a great initiative called #AprilFallsDay – this initiative is very much about 'little things leading to big changes' and is something being driven by Matt Little, Charge Nurse on Ward 4a.

*"Our approach will highlight the little things we can do to reduce the risk"*

There are some frightening statistics about the number of hospital falls, reflecting the heightened risk when a frail person comes into an unfamiliar environment. Our approach will be a campaign each month to highlight the little things we can do to reduce the risk of falling – April will focus on call bells; May will focus on ensuring patients have and wear their non-slip socks and slippers and June will raise awareness of the risks associated with postural hypotension (a sudden drop in blood



pressure when a person stands). Linked to this is another great initiative #EndPJparalysis which aims to get patients out of their nighties and PJs, dressed and mobilising as soon as possible after their admission.

In March our Hospitals' Charity evening in Oncology brought together past and future donors to the Focus cancer appeal to see and hear about the things their generosity has provided for our patients and staff. More than 85 people attended the evening, which was the first time we have opened the doors of the oncology centre at CGH in this way. We get fantastic engagement and feedback from patients who use our cancer services but our targets tell us that we could do better for patients. I look forward to our cancer targets becoming a real focus for all of us this year as the fruits of this year's labours on cancer service improvement begin to appear. Do look out for communications this year under the #cancerinsight branding.

Of our many and varied recent successes, I'd like to mention just a couple of our brilliant staff being recognised for their achievements. Local radio station The Breeze have been celebrating 'local heroes' and two of our staff were recognised; firstly consultant Dr Tanya De Weymarn won the 999 Award for her inspiring work in our Emergency Department which aims to ensure that older people are cared for respectfully and in line with the very best practice. Tracey Cullerne, Oncology Matron was also recognised and awarded runner up in the Carer of the Year category for her work to raise funds and develop the scalp cooling treatment for patients undergoing

chemotherapy. Congratulations to both.

Finally, I cannot finish without highlighting here the absolutely FANTASTIC news that after much waiting, gnashing of teeth and submitting of paperwork we heard that we have been successful in our STP capital bid and £39.5m awaits us! The next steps include the development and approval of both an Outline and then Full Business Case; these need both Board and NHS England sign-off and will be the focus of much work for the next few months.

*"This capital will be invested in both our sites signalling that both have a vibrant future"*

Our aim is to complete these steps by the end of the calendar year and be ready to start work next spring (2019) all being well. Whilst we are largely bound to the benefits set out in our bid which remain very relevant, we will also take the opportunity to ensure that the plans submitted still meet our most pressing needs and reflect our developing vision for services, and notably the Centres of Excellence models we are pursuing. Importantly, this capital will be invested in both our sites, signalling that both have a vibrant future; the investment at GRH targeted at addressing the challenges in urgent and emergency care whilst at CGH supporting the delivery of highly efficient, patient-centred elective care.



## Transforming our hospitals: Centres of Excellence

**We received the fantastic news in March that we have been awarded £39.5m of capital funding to modernise our hospital buildings, transform services and deliver even better patient care.**

The money, awarded by NHS England and allocated under the Gloucestershire Sustainability and Transformation Partnership (STP), will be used to provide the next generation of care at the county's two main acute hospitals and is recognition of the strong partnership working between health, social care and the voluntary sector in the county.

Gloucestershire's STP sets out a vision for how high quality health and care services can be sustainably delivered in the future. The plan puts a greater emphasis on prevention of illness, supporting more self-care, providing more joined up care and support in the community and developing hospital services to ensure safety and quality.

Under the proposals Cheltenham General Hospital (CGH) will receive additional theatre capacity at the main hospital site off College Road. Once completed, more patients will benefit from surgery at the hospital. The development will result in an improved environment for patients, reduced waiting times and offer better opportunities for clinicians to work together on site, improving the outcome for patients.

At Gloucestershire Royal Hospital (GRH) the plan is to erect a three-storey building adjoining the Tower Block and Gallery Wing. The ground floor will be fitted out to accommodate orthopaedic outpatients and



**Simon Lanceley,**  
Director of Strategy & Transformation

other diagnostic treatments while the upper levels will accommodate wards with up to 30 beds each. These wards would be linked to the main hospital wards in the Tower Block. This would create the required space ensuring patients who need a hospital stay are cared for on the appropriate specialist ward – enhancing patient care and helping to reduce the patients' length of stay.

The Emergency Department at GRH will also be redesigned and extended to enable patients to receive the very best care and experience. The funds will also support the bringing together of a range of acute assessment services to work alongside the Department and speed up diagnosis, assessment and treatment.

*"We are thrilled at this announcement in line with our vision for Centres of Excellence"*

Chief Executive Deborah Lee said: "We are thrilled at this announcement which gives us the opportunity to provide the next

generation of care at Cheltenham General and Gloucestershire Royal Hospitals in line with our vision for Centres of Excellence.

"To date, our two sites have sometimes been seen as a problem but I believe they present us with a huge opportunity to develop our vision of Centres of Excellence providing specialist care that really do excel and where more patients can be treated, waiting times are reduced, patient experience is improved and patient outcomes improve. This is an incredibly exciting time."

*"We want to develop hospital services that perform exceptionally well"*

Mary Hutton, Accountable Officer at NHS Gloucestershire Clinical Commissioning Group (CCG) and STP lead said:

"This is very positive news for the county. As well as significant improvements in the physical environment for both patients and healthcare professionals, it will also support new ways of working as health services focus on providing timely, safe and high quality care in the face of rising demand.

"As well as supporting excellence in hospital care, our wider plan also supports a greater shift towards prevention, supporting active communities and delivering joined up community services that can avoid the need for hospital care."

Dr Sean Elyan, Medical Director and Oncology Consultant, added:



**Dr Sean Elyan**

"What we want to develop are hospital services that perform exceptionally well so when any member of your family needs specialist care, whether that's a new born baby accessing our Neonatal Intensive Care Unit or a 72-year-old grandfather with a fractured hip, we are able to deliver the best possible treatment and the best possible outcome. That's what really matters to patients and this announcement gives us the best opportunity to realise that vision."

Running parallel to this announcement is an additional £920,000 investment to improve emergency care services at CGH. This will include the co-location of same day emergency care (known as Ambulatory Emergency Care) and a service run by clinicians to direct (stream) patients to the most appropriate service.

These developments will improve the flow of patients through the department and improve the ability to triage (assess) patients as they present. This smaller improvement programme will be implemented ahead of next winter.



What are you looking for?

Search for services, consultants, wards and more...

## New website goes live

**A new public website for our Trust went live this month, delivering many improvements for users of our online information.**

Launched slightly ahead of plan in response to complex technical difficulties experienced by the old site, the new [gloshospitals.nhs.uk](http://gloshospitals.nhs.uk) website has already been accessed by 27,000 visitors. A new, improved intranet will follow shortly with a proposed go live of May 14, 2018.

The website has been developed as part of a year-long transformation project which aims to significantly alter our approach to designing online information. As well as analysing data to look at what people are looking for when they visit our site, the project team directly engaged with hundreds of members of staff, patients, visitors and members of the public to ensure that the site was built to meet their needs.

*"The website has been developed as part of a year-long transformation project"*

The website has a prominent search to help users find what they're looking

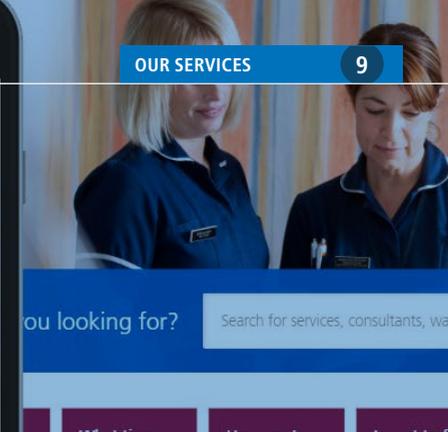
for quickly and easily, and the team took a fresh approach to managing our content, checking information like phone numbers, simplifying and reducing content to make it more useful and usable.

To help improve the experience of the 60% of people who visit our website on their mobile phones, the new website has been designed to be fully responsive across a range of different devices and screen sizes.

Before going live, the website was tested with members of the public to identify any major concerns that needed to be made ahead of the launch. This approach to involving those who use the website in future developments will now continue, with quarterly tests to ensure we keep pace with the needs of our users.

### The new intranet

We are now working hard to launch our new intranet in May. The new intranet has also been developed to meet the needs of staff. As well as the ability to search for content wherever you are on the site, staff will also be able to log into the intranet wherever they are, using any device, just by using their usual Windows login. More information on the new intranet will follow soon.



## Summary of key features of the new site

- › **Mobile friendly:** the site works well across all mobile devices and on a range of browsers
- › **Simple design:** we've designed the site in line with NHS Identity guidelines, helping give our users reassurance that our content is credible, authentic and reliable
- › **Easy to find content:** there are lots of ways to find the information you're looking for: use the main search, one of the prominent 'Calls to Action' on the home page, or a filtered search on the page
- › **Structure based on evidence:** through speaking to and surveying hundreds of patients, staff and members of the public, we have built a site which aims to make it as easy as possible for people to find what they're looking for. The A&E waiting times are now on the home page and there are simple, easy to use menus, accessible throughout the site
- › **Meets accessibility standards:** our website now meets the AA accessibility standards expected of NHS websites, but in many areas achieves the highest AAA standard
- › **Up to date content:** the content has been reviewed, reduced and checked for accuracy. If you spot anything missing or wrong, please let us know asap!
- › **Content tagged with specialisms:** clinical content is linked by an underlying taxonomy based on specialisms. A 'service' page like Cardiology, for example, will automatically display consultants and leaflets that have also been tagged with 'cardiology'
- › **Supported by modern, OpenSource CMS:** both the new website and intranet are supported by a Content Management System called Wagtail. Wagtail is flexible, regularly updated by a community of developers, and supports many websites including the new NHS.UK platform

If you have any queries or concerns about this or would like to share your feedback on our new website please contact [gghn-tr.comms@nhs.net](mailto:gghn-tr.comms@nhs.net) or [Alison.warren2@nhs.net](mailto:Alison.warren2@nhs.net)

## Subsidiary Company gets the go-ahead

**Following months of detailed work to determine the desirability and feasibility of establishing a subsidiary company, the Board approved plans to establish a wholly owned subsidiary company (SubCo) effective from 1 April 2018.**

The company now employs around 675 support staff from estates and facilities, sterile services and materials management functions.

The Board was clear that it could only approve the proposal if the evidence pointed to long term benefits for staff and patients, which it resolved was the case.

The Board concluded that the new organisation will deliver a wide range of benefits and will address many of the challenges it is facing, through the focus that will come from establishing a subsidiary company whose primary purpose is to deliver truly excellent support services to NHS patients and staff. The proposal also demonstrated how the model will deliver better value for money to the Trust, thereby supporting its aim to deliver higher quality services at lower cost.

Peter Lachecki, Chair of GHNHSFT, said: "A key characteristic of this subsidiary company is that it will continue to serve the NHS and patients at the Trust's hospitals. This new way of working will allow the new organisation to concentrate on delivering valuable support services to our hospitals that are more innovative and responsive to the staff and patients who they support, resulting in a workforce that is even more engaged and satisfied."

In reaching its decision the Trust Board took into account the views of staff who were consulted with extensively as part of the process; the questions and concerns raised by staff during this period have significantly shaped the final proposal.

*"The proposal also demonstrated how the model will deliver better value for money to the Trust"*

Deborah Lee, Chief Executive of GHNHSFT, added: "We recognise that for those affected this has been an anxious time. Staff told us that they place huge value on being part of the NHS and are concerned that this move ends this important connection.

"We have been able to reassure staff that this new organisation will be wholly owned by Gloucestershire Hospitals NHS Trust and staff will continue to support and work alongside all of their current NHS colleagues, delivering or supporting care to NHS patients.

"Very importantly, they will retain their current terms and conditions, including their NHS pension and access to other benefits NHS staff enjoy."

## New Linac for Cheltenham

**On Saturday 17th February the Radiotherapy Department took delivery of this long-awaited new Linac.**

The new, replacement Linear Accelerator in Radiotherapy is a dual energy, Varian Truebeam machine that treats cancer patients with high precision beams of radiation. It is capable of intensity modulated radiation therapy which is image guided. It will enable the department to progress with new techniques and trials and will future proof radiotherapy in the Trust for years to come.

*"It will future-proof radiotherapy in the trust for years to come"*

The delivery trucks arrived at the Oncology entrance at 6.30am and the offloading of the multiple crates was well underway by 8.00am. It took all day to unload and manoeuvre the £1.75 million piece of equipment into its newly refurbished bunker. With parts of the equipment weighing in at 2.7 Tons, it was a complex operation that required fine precision as it was wheeled through the department.

Once in its new home, it was assembled over a period of a week. Following this, the Varian engineer commenced his installation tests. There now follows a period of several months where our Medical Physics team carry out acceptance testing and commissioning.

Bridget Moore, Radiotherapy Services Manager said: "We anticipate that the machine will be treating patients from the first week in July. The Radiotherapy Radiographers, Engineers and Physicists are delighted to receive our new Linac."



## Focus on pressure ulcers

**We are one of twenty Hospital Trusts who have been selected to work with NHSI to develop a better way of reducing Grade 2 pressure ulcers for our inpatients.**

This is a new quality improvement project which started in October 2017 on Avening Ward at Cheltenham General Hospital and on Ward 4B at Gloucestershire Royal Hospital.

A Pressure Ulcer Collaborative Group was formed in October 2017, following acceptance from NHSI to become one of twenty Trusts to participate in the 'Stop The Pressure National Collaborative Group'. The Group are aiming to improve pressure damage reporting, to increase quality improvement skills, reduce the number and severity of pressure ulcers, to develop a multi-professional focus, to drive improvements at the Trust and to ensure information and training is widely shared and available to help deliver appropriate care, to reduce patient pressure damage and to improve reporting. NHSI also issue monthly targets to assist with the implementation of the project.

*"The particular focus is on reducing Grade 2 Pressure Ulcers"*

The particular focus is on reducing Grade 2 Pressure Ulcers. These are partial thickness skin loss involving the epidermis, dermis, or both. They present clinically as an abrasion or blister filled with clear serous fluid. The ulcer is superficial and without bruising. These ulcers are preventable and if staff use the manual handling aids available to them (hoists, sliding sheets), they shouldn't occur.



As featured in Outline last year, Avening Ward Sister Sue Macklin and her team launched a campaign called 'Cheers Ears' as part of the project. They are working towards reducing the number of hospital-acquired Pressure Ulcers caused by medical devices.

"On this ward (Respiratory) it is mainly oxygen tubing, masks and CPAP Masks. All patients admitted to this ward are having dressings applied prophylactically to protect the skin from pressure damage caused by the medical devices used in this area. A trial of the DCC Skin Bundle is also being used as this has a specific section for checking skin under medical devices and recording the condition of the skin. These checks are carried out hourly. Since the introduction of this campaign, the ward have had no hospital acquired pressure ulcers relating to medical devices.

"There was an underlying issue with evidence of pressure-related ulcers within the Respiratory Patient cohort. Pre-disposing this is the nature of illness in that impaired respiratory function leads to poor circulation and therefore oxygenation/perfusion of tissues, enhancing the risk of skin breakdown/loss of integrity.

"In order to support the patients, some of whom are high-dependency and requiring high-dependency nursing care, high flow oxygen therapy and/or assisted non-invasive ventilation may be deployed. Thinness of skin and bony prominences need special protection and so the 'Cheers Ears' campaign was born! On Avening and 4B we want to be 'Precious about Pressure!'

"Laminated pictorial prompts have been placed in every patient's bedside folder so that all staff including agency and bank staff can access best practice in terms of pressure prevention around the ear cleft and cheeks hence 'Cheers Ears' campaign. Extra padding around the strapping provides double protection to the Patient's vulnerable areas.

"We have close liaison with our Specialist Tissue Viability nurse and practice is audited regularly as part of the Silver QI process. Thus far we have had no new incidences of device-related pressure for in excess of 6 months."

*"Sister Sue Merrett and her team wanted to focus on reducing the number of hospital-acquired heel ulcers"*

Meanwhile, Ward 4B Sister Sue Merrett and her team wanted to focus on reducing the number of hospital-acquired heel ulcers. She says: "Weekly audits are taking place to see how well staff comply with filling in the SSKIN Bundle and any educational support for staff with this is being implemented.

"New magnets have been ordered for the ward to alert staff to the risk the patient will have of developing a heel ulcer. The new magnet is a triangle with a red edge and a

### Staff are expected to:

- Do a risk assessment on every patient daily to establish if the patient is at risk of developing a Pressure Ulcer
- Use moisture creams, barrier films and dressings available to them that help reduce the risk of Pressure Ulcers developing
- Patients must be repositioned at regular intervals and their skin inspected for early indication of pressure damage

red heel in the centre, alerting staff to the potential risk involved for a patient. This is being used for all diabetic patients or those known to have peripheral vascular disease or any patients with existing Pressure Ulcers.

"Prophylactic dressings are being applied to the patient's heels to see if this will reduce injury from friction and shearing injuries which are often the start of these ulcers. The ward is also exploring options of different types of equipment for offloading pressure from heels."

At this stage the changes have been restricted to a small number of innovations to enable the team to measure and evaluate the effectiveness of each change. In addition to learning from the findings of actions undertaken at our hospitals and those in the other 19 participating hospitals, nationally, the aim is to standardise reporting across all hospitals to enable accurate comparison of data. The national team are compiling documentation to assist with this and this is likely to be trialled in our subject wards when agreed.

# Staff stories: Fresh thinking

## Nurse Charlotte shares her thoughts

**When nurses have made it through their training and landed their all-important first job as a staff nurse, it's certainly a cause for celebration, but also a journey that can be quite daunting.**

We recently welcomed Charlotte Hall, a newly qualified nurse (NQN) to GRH. For every NQN, it's a big change to make the transition to working as a fully-qualified staff nurse.

For Charlotte, she has been living this in public as she's sharing her progress via a twitter campaign called #DiaryofaNQN. Her video diary has documented her ups and downs over her first few weeks and is compelling watching – check it out at <https://twitter.com/CharlotteRCN>. As a student member of the Royal College of Nursing (RCN) council, Charlotte is reaching a wide audience with her personal, open and honest reflections.

*"Charlotte is reaching a wide audience with her personal, open and honest reflections"*

**Outline** asked Charlotte to tell us about herself and to sum up her thoughts so far.

"Hello, my name is Charlotte Hall, I have recently graduated in the (Adult) Nursing field of practice from the University of the West of England.



"I have been in my new post as a newly qualified nurse just short of a month now. I am doing a rotation role and have started at GRH on an acute medical ward."

Moving on to her advice for others going through the same journey, or for students who'll be doing this in the future, Charlotte went on to say:

"I have found my first few weeks as a nurse enjoyable, but also challenging. Making that transition from student to newly qualified is quite a daunting thought, and you're certainly not alone if you feel anxious. I think it is essential to remember that you are new and just at the beginning of a fresh journey of learning; the key is to try to not beat yourself up and judge your abilities too quickly.

"It is inevitable that you will experience making mistakes, even skilled nurses with years of experience still make mistakes, but if you are open and honest with your colleagues and patients, you will be doing your absolute best and can use these errors to reflect on your practice and grow."

Charlotte joined the Trust at a time when things were very challenging operationally, with our second hit of freezing weather. She reflected on her experience of being a new starter, saying:

"The staff at GRH have all been incredibly welcoming and have shown that they really value your fresh eyes into the Trust. The preceptorship program has already proven to be beneficial as it helps develop your essential skills.

*"Try to remember you're not alone in this experience"*

"You get to hear from some of our specialist nurses discussing and demonstrating theory and practice that you may not have covered at university. It is also a helpful insight into understanding some of the Trust's policies and procedures."

Summing up her experience so far, Charlotte concludes:

"Try to remember you're not alone in this experience! I have found personally that using Twitter as a reflective tool to share and discuss my newly qualified journey has been beneficial in connecting with others in the same position as me.

"Do follow my video diary on Twitter of the ups and downs to being a qualified nurse: @charlotteRCN #DiaryofaNQN. I'm proud to be joining the Trust at an exciting time and to be a part of the #J2O team."

### Charlotte's Top Tips for your supernumerary period:

- Keep asking questions – they aren't silly questions so if you don't know, just ask
- Self-care – try not to worry about working when you're not at work, it's 24-hour care and there's a whole team looking after our patients
- Don't judge your abilities and knowledge on what you 'don't know' – this is an ever-changing and ever-learning field of practice
- Take time to reflect on what you're doing well and what you would like to improve on
- Take your breaks and try to leave your shift on time
- Book your annual leave in as soon as possible to make sure you get a well-deserved break
- Tell people you're new and tell the patients too, they love it... I even got a little round of applause in my first week!

**70**  
YEARS  
OF THE NHS  
1948 - 2018

## Call the PMA!

**The introduction of a new national quality improvement model for midwives, called A-EQUIP, has led to a new team being formed at the Trust – Professional Midwifery Advocates (PMAs).**

The PMAs are experienced practising midwives, trained to support and guide midwives to deliver care developed nationally and delivered locally. Every midwife will be seen by her PMA at least once a year, to ensure a high standard of care for women and their families.

Our PMA team – Jo Daubeney, Trine Jorgensen, Kate Adamson, Michelle Sterry and Annie Lester spoke to **Outline** about their hopes for the new model.

*"Our PMA team spoke to Outline about their hopes for the new model"*

### **Q: Why have you become a PMA?**

"I loved being a Supervisor of Midwives (SoM), so this is a similar thing with lots of exciting new developments. The A-Equip model should help to drive the midwifery profession forward."

"Many midwives were not sad to see the demise of Supervision of Midwifery, with its involvement in investigations and its punitive reputation. By contrast the NEW A-EQUIP model has taken the best of supervision – the supportive element – and has combined it with education and advocacy for midwives.

"It feels very exciting to be part of something that will help a cultural change take place where the emotional



Our Professional Midwifery Advocates

states and working lives of midwives are valued and through the Restorative Clinical Supervision that we offer, we can help facilitate quality improvement, which will have a direct impact on the experience of women and their families."

### **How do you become a PMA and do you have additional training?**

"The role is for experienced midwives who complete additional training. Currently we have five PMA's who have completed the bridging course from being a Supervisor of Midwives. These midwives have studied at Worcester University and UWE. We also have one student PMA who was not a SoM, who is currently training at Reading University."

### **What are you most looking forward to?**

"Empowering midwives, improving the working life of midwives and increasing 'JOY' at work."

"Enabling midwives to feel empowered to make small changes at work that can have profound effects on the environment and their experience at work."

### **What are the main changes in this new model?**

"This new model is not punitive. It allows a safe, supportive space to think out loud and midwives can develop their own action plans. This is a very proactive and positive model for midwifery."

"Offering Restorative Clinical Supervision to all midwives where they can have reflective conversations with a PMA, coming up with their own plans for change. The PMA will not be telling midwives what to do or giving them action plans."

"Facilitating educational forums where hot topics and burning issues can be discussed."

### **What is RCS?**

"Restorative Clinical Supervision – time for staff to have some 'head space', some time for reflection and discussion in a safe confidential space. The PMA will not document anything except attendance. The PMA will help the midwife come up with actions for change if appropriate through the reflective discussion."

### **How will A-EQUIP empower each midwife?**

"Supporting midwives in this way aims to ensure that through staff development, action to improve quality and experience of care becomes an intrinsic part of everyone's job, every day."

### **What are the benefits to midwives?**

"By increasing the confidence, questioning and reflection of midwives, they can be encouraged in their role. The midwives will be able to use their attendance with a PMA to support the revalidation process and evidence involvement with the PMA team at their annual appraisals."

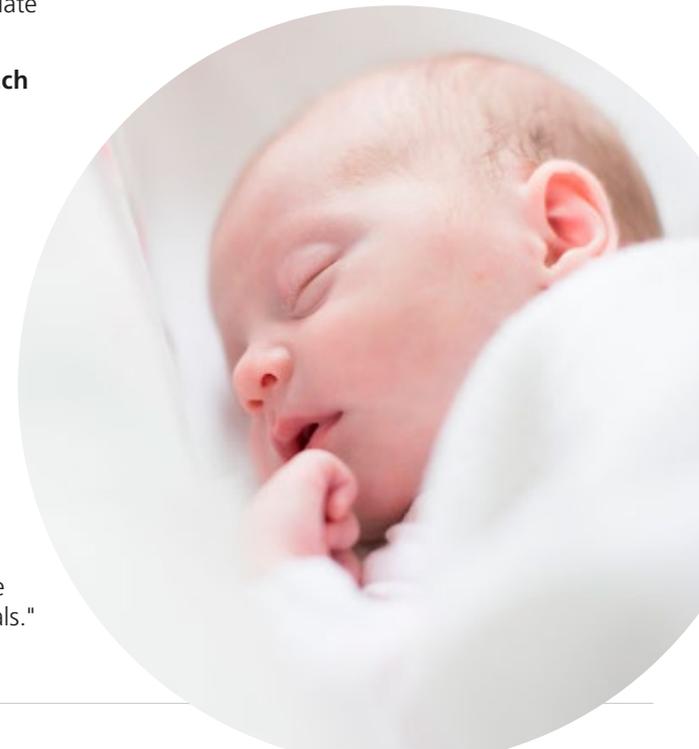
### **Is there any patient involvement and if so what are the benefits to them?**

"By empowering the midwives there is an expectation this will positively impact on the care and service provided to our women and families. Stronger, resilient midwives will be able to be better advocates for women."

Email the team: [ghn-tr.professionalmidwiferyadvocatesglos@nhs.net](mailto:ghn-tr.professionalmidwiferyadvocatesglos@nhs.net)

### **About A-EQUIP**

A-EQUIP is an acronym for advocating for education and quality improvement, a new model of support and professional development for midwives. It is a continuous improvement process that aims to build personal and professional resilience, enhance quality of care for women and babies and support preparedness for professional revalidation.



## Going the egg-stra mile

**Over Easter, local charity 'Feed the Hungry' donated around 1,500 chocolate eggs for our inpatients, our volunteers and our staff.**

The charity's founder Hash Norat, his daughter and lots of local people donated Easter Eggs and, at the last count, they had collected around 2,500 chocolate eggs.

Our porters and our nursing teams went the extra mile to distribute eggs across our hospital sites.

*"Our porters and our nursing teams went the extra mile"*

Hash and his daughter Amina joined our Chief Executive Deborah Lee, our Chief Nurse and Director of Quality Steve Hams and ward Sister Fran Wilson and her team on Gallery Ward at Gloucestershire Royal Hospital on the Thursday before Easter. They arrived with staff from Tesco, Kevin Mannion and Henry Purdy from Gloucester Rugby club as well as the Right Worshipful Mayor of Gloucester Cllr Steve Morgan and they gave eggs to patients on the



ward including Vera Chapman, Brenda Spyer, John Leece and Mary Wilkins.

The charity also shared eggs with other groups across the county including the Fire Service, community hospitals, Nelson Trust and many others.

Thanks also to all those who helped organise and distribute the eggs across the hospitals especially Pete Scarrott and the Portering Team, Karen Organ from our Cheltenham & Gloucester Charity and Emma McDonald from the Nursing Management team.

## OUR PATIENTS: in their own words

**We rushed in with our 19 month crying and not using his arm.**

**We were seen within 30 mins and the doctor manipulated his arm so fast we didn't even notice it happening. Out and smiling within the hour – unbelievable! Thank you so much.**



## Breastfeeding award shortlist

**Our Infant Feeding team have been shortlisted for a MaMa award as breastfeeding champions!**

MaMa stands for Midwives and Mothers Alliance and their conference each year is for everyone who believes that when and wherever possible, mothers and their families should have the best possible care to support their birth and parenting choices.

The annual MaMa Awards celebrate the people who have gone above and beyond in promoting the highest standards of care for mothers and babies. Candidates are nominated by their peers as people or teams who make positive change in the lives of others through their passion, determination, and commitment. The winners are announced in May.



Sophie Ferguson, Sue Maxwell and Emma Taylor

## HSJ safety awards shortlist

**Our Gloucestershire Safety and Quality Improvement Academy has been shortlisted for the HSJ Patient Safety Awards in the Education and Training category and in the separate HSJ Value Awards in the Communication category for their work to create an 'improvement movement' at our hospitals.**

*"We are super-proud to have been shortlisted"*

Director of Safety Andrew Seaton is delighted: "We are super-proud to have been shortlisted and our Academy continues to support patient safety at our hospitals."

Meanwhile our T&O team has been

shortlisted for the HSJ Value Awards in the Acute Service Redesign category for the Get it Right First Time – Reconfiguration of Trauma and Orthopaedic Services.

Our Chief of Service Vinay Takwale said on Twitter: "Presenting @gloshospitals Trauma and Orthopaedic Service Improvement for the #hsjawards has made me realise that from top to bottom, we've done ourselves proud – this is the beginning of our *Journey to Outstanding!*"

# Staff stories: All about apprenticeships

**Last month, we took the opportunity to raise awareness about the valuable role our apprentices play at our hospitals as part of National Apprenticeship Week between 5th – 9th March.**

Our Apprenticeship team developed a video to highlight the range of roles we have available for apprentices at our Trust featuring our staff and some of our many apprentices. We currently employ 91 apprentices, have 11 existing staff completing qualifications and six ex-apprentices are currently undertaking the Trainee Nurse Associate qualification.

The team also raised awareness about apprenticeships and training opportunities at open sessions and held a celebratory event for apprentices qualifying this year.

Our Lifelong Learning & Professional Education Administration Apprentice Jade Hamlet made the finals for the Health Education England's Star Awards for the Advanced Apprentice of the Year Award category.

Jade is 21 and is currently a Lifelong Learning & Professional Education Administration Apprentice based at Gloucestershire Royal Hospital. She explains why she chose an apprenticeship with us:

"After school I went straight into a job as studying/learning wasn't right for me at the time. After a few years in my role and no progression opportunities, I went searching for exciting learning opportunities and applied for an



apprenticeship within the Trust. The NHS is always on the news and I have always wanted to work within the Trust and be a part of all the hard work that goes on.

"I am signed up to the 'Indeed' job website and was always getting emails through with apprenticeship opportunities within the NHS. I eventually applied for a few jobs and was successful in gaining interviews. My father completed an apprenticeship when he was younger and my brother is also currently undertaking an apprenticeship, so the interest runs in the family.

"I found it easy to apply for the job, I had an email inviting me to interview and after the interview stage I started within a few weeks after being offered the job.

"I like how busy my job role can be but also how every day is never the same and that there is never a dull moment. The staff are all so friendly and helpful within my department and they make coming to

work a delight. As an apprentice, colleagues approach me with IT related questions as they feel confident that I will be able to help them with their queries. This makes me feel like a valued member of the team and improves my confidence in my abilities.

"I would recommend apprenticeships as you are learning new skills and being paid for it! You receive a good support circle albeit your mentor, manager and assessor and they are always happy to help if you have any problems. After the Apprenticeship you then have the qualifications to go on to higher banded roles and you are then a step closer to achieving your dream job."

*"All our apprenticeship vacancies are advertised on [www.jobs.nhs.uk](http://www.jobs.nhs.uk)"*

## Apprenticeship levy training opportunities

We recently announced a number of new and exciting opportunities for managers and leaders from all levels and backgrounds in the Trust, funded through the national apprenticeship levy.

The apprenticeship levy (or tax) started in April 2017 and applies to all employers. It marked a change to the existing funding arrangements for apprenticeships. Under the new system, if an organisation's annual payroll is more than £3 million (as the in the Trust's case), then the employer has to pay 0.5% into the apprenticeship levy each month. By employing apprentices (as the Trust has done successfully for a number of years), and offering career development opportunities for existing staff, organisations are allowed to draw down funding to pay approved training providers.

Our training provider for the Level 3 ILM Diploma for Managers and Level 5 ILM Diploma for Managers and Leaders, is Gloucestershire Enterprise Limited (GEL). GEL is a not-for-profit organisation with a successful track record of providing management training and development programmes, and apprenticeships to businesses of all sizes in Gloucestershire and further afield. The Trust is able to offer 16 places on courses starting at the end of February/early March.

Successful applicants will have access to a range of off-the-job activities including a series of training days, workshops, and coaching at Twigworth, and activities such as e-learning and shadowing in the workplace as part of the apprenticeship programme.

Kevin Holt is the Managing Director at GEL: "The courses are meant to be thought-provoking, explorative and above all, practical, with a clear aim of building knowledge, skills and confidence.

"Assessment is practical and applied. There are no traditional assignments to complete, though there are online knowledge tests. Instead, learners get to show how good their leadership abilities are through a portfolio, an interview, professional discussion and for the level 5s a presentation on a project at work.

"GEL is as keen for learners to pass as the learners themselves and their employers! To that end, plenty of support is available throughout and includes 1:1 reviews, workplace visits, coaching sessions and a range of workshops to help with assessments."

Further information: Ann Belton or Helen Thackway, Leadership and OD Department 0300 422 6062/6066.

## Focus on medical physics

**The Medical Physics Department consists of just under fifty staff who work within four separate areas across both sites. These are Radiotherapy Physics, Oncology Workshop, Nuclear Medicine and Diagnostic Radiology Physics.**

Medical Physics is one of the Healthcare Science disciplines that are recognised by the National School of Healthcare Science (NSHCS) under Modernising Scientific Careers. But as Head of Medical Physics and Lead Healthcare Scientist Tony Dix explains, this is not the only route into the profession:

“Our staff come from a diverse range of backgrounds and this diversity enriches and benefits the department enormously.

“Our team includes clinical scientists, clinical technologists, radiographers, assistant technologists and engineers. Within the team we are fortunate to have people with experience of working in other trusts, countries, industries and of also completing research.”

*“Our staff come from a diverse range of backgrounds and this diversity enriches and benefits the department enormously.”*

Due to this diversity, the professional registrations of staff are covered by a range of professional bodies including the HCPC, Register of Clinical Technologists (RCT) and Institution of Engineering and

Technology (IET). To support staff training and development, the Medical Physics Department is an accredited training centre with both the NSHCS and the Institute of Physics and Engineering in Medicine (IPEM).

Tony adds: “The Department is an accredited Quality Management Service and we have recently successfully completed the transition to the ISO 9001:2015 standard. The radiation protection services that we provide (for all aspects of ionising and non-ionising radiation) include Lasers, UV, MRI, ultrasound as well as x-rays, drawing on the knowledge and experience of different staff. We have staff that are formally appointed as a Radiation Protection Advisor, Radioactive Waste Advisor, Laser Protection Advisor, MR Safety Advisor and Medical Physics Expert. As you can imagine there are a broad range of tasks that we undertake, but we are here to help you operate in a safe and compliant way. If you need our advice, please make contact as early as possible to ensure that we can provide you with the support that you require.”

### Focus on Radiotherapy Physics

This team is based in the Cheltenham Oncology Department and work closely alongside Therapy Radiographers and Clinical Oncologists to assist with the planning and delivery of cancer treatments including External Beam Radiotherapy, High Dose Rate Brachytherapy and until recently Low Dose Rate Brachytherapy using implanted 125I seeds. The most common treatment provided is External Beam Radiotherapy and this is delivered using a Linear Accelerator, commonly referred to as

a Linac. In Cheltenham we currently have four operational Linacs, with a new Varian TrueBeam being commissioned ready for clinical use in July 2018. An additional Linac is also operated at the satellite unit in Hereford.

*“Each individual patient treatment is planned using a dedicated computer Treatment Planning System”*

Each individual patient treatment is planned using a dedicated computer Treatment Planning System, which uses anatomical information from a CT scan, together with modelled information about the radiation beams, to calculate a treatment plan. Each treatment plan is designed to deliver the intended treatment dose to the outlined

target volume, whilst also minimising the radiation dose to surrounding healthy tissue. The accurate delivery of the prescribed radiation dose to the targeted tissue is crucial for the best clinical outcome and the major function of the Radiotherapy Physics department is to provide the scientific support required to ensure that this happens.

Tony adds: “At the moment we are commissioning a new linear accelerator that was delivered to the Cheltenham Oncology department in March 2018. Preparatory work for the installation of a Linac starts long before it physically arrives in the department. Included in this is the design review of the bunker in which the Linac will be housed and involves the physics team calculating the amount of shielding that is required to make sure the radiation levels outside of the bunker are safe for staff and patients. Once the equipment arrives, we complete the

initial acceptance testing and then commission the Linac for routine clinical use. This process takes several months as we need to collect a lot of radiation measurement data. Safety is always paramount so everything is checked by an independent team before the data is put into use in the department.

“There are often new techniques being implemented into the department and we will



Oncology workshop staff

## Focus on medical physics (cont'd)

be involved in many of these changes. It might be a new delivery technique, a new trial starting in the department or a change to equipment, but we will get involved to support the changes.

*"Radiation safety is an important aspect of our work"*

"Radiation safety is an important aspect of our work, from training to carrying out environmental monitoring of the radiotherapy department. We run regular teaching sessions for other staff groups to inform and update them of radiation issues. There are a number of documents that we write, such as the Oncology Local Rules, which ensure we work safely in the area

"Due to the reliance on computer systems and the large amount of QA data that is collected, the team have experience in the development of paperless checking systems that may be relevant to other departments."

### Oncology Workshop

Within the Cheltenham Oncology department there is a team of four engineers that provide on-site support to the Radiotherapy Linacs. As well as performing routine maintenance and servicing, these engineers also provide crucial first line support to deal with any faults or breakdowns that occur during patient treatments. Having immediate access to trained engineers is essential to ensure that the equipment downtime is minimised and that delays to patient treatments are avoided where possible.

Tony explains: "The very nature of the support that they provide means that no two days are the same and they never know what types of faults or how many breakdowns they will be asked to deal with each day.

"Linac servicing is performed quarterly and can take up to two days, depending on the complexity of the tasks undertaken. Support is also provided to the Hereford satellite unit and together with the new TrueBeam will make a total of six Linacs that this team support. The engineers employed have a range of backgrounds, including mechanical, electrical and computing and as part of their development manufacturer training is given to provide the necessary machine specific knowledge. As with all aspects of the Medical Physics service, the quality of the work performed is crucial to ensure the safe delivery of patient treatments and there is a close working relationship with Radiotherapy Physics to ensure that any post maintenance QA checks are identified and performed prior to the machine being returned to clinical use."

If you are interested in finding out more about the work performed by the engineers or would like to hear about the inner workings of a Radiotherapy Linac, then you are welcome to attend the monthly engineering talks that are held in the evening for Radiotherapy patients. Contact Oncology Workshop Manager Richard Baker for details: [richardm.baker@nhs.net](mailto:richardm.baker@nhs.net).

Next month Tony will share more information about our Nuclear Medicine and Diagnostic Radiology Physics services.

## Live better, feel better

**People in Gloucester City and the Forest of Dean who live with a long-term health condition can now join a local, free self-management programme where they can learn useful techniques that will help them control their condition and feel better about life.**

The Live Better to Feel Better programme offers people living with a long-term condition the opportunity to meet others in a similar situation, explore some of the common symptoms they face and gain the confidence and skills they need to understand and manage their condition.

The programme comprises five sessions, led by skilled staff and trained volunteer facilitators, all of whom have long term conditions themselves.

*"The programme comprises five sessions, led by skilled staff"*

Dr Hein Le Roux, Clinical Lead for Healthy individuals at NHS Gloucestershire Clinical Commissioning Group (CCG), explains the benefits:

"The facilitators really understand the challenges and feelings that living with a long-term condition brings; they can talk about techniques that might help, and describe how these can be built into people's lives. These could be something as simple – yet powerful – as controlled breathing techniques, approaches to getting a good night's sleep or managing a low mood through relaxation."

Selina, who facilitates a group in Gloucester, explains how participants



can also be signposted to support groups or other community resources, such as condition specific courses.

"Together, we explore how someone's condition is affecting their life, and help them build techniques that will help them manage their condition as part of their daily routine. We encourage people to make achievable next-step goals during each of the sessions and also to make a self-management plan for the future, as this can really help them to take control of their situation more confidently."

Alison Reddock, Community Manager, Countywide Specialist Services at Gloucestershire Care Services NHS Trust (which is providing the programme) said:

"We are really pleased to offer this programme; it changes the way we have traditionally provided services by encouraging people to take control of their health condition themselves. Participants will gain a greater understanding about techniques and strategies to enable them to manage their condition in order to live better and feel better."

The five-session Live Better to Feel Better programme will be available at a number of venues across Gloucester City and the Forest of Dean from April 2018 and across the county from September 2018.

## Cancer insight: National recognition for TYA team

### Nursing team win innovation award

**The South West Regional Teenage & Young Adult Cancer Nursing Team won the innovation award at the recent British Journal of Nursing (BJN) awards.**

Nurse Megan Wilsher, who is based at our Trust told us: "I'm one of the seven nurses that form part of the south west team, and I'm based at GHT and cover Gloucestershire patients only. However, we all work together to move our specialised service for this age group forward. Bristol is the host centre where the core team sit, then there are the nurses who are at the designated hospital like me, across the South West.

*"This initiative is now being rolled out and used nationally for teenagers"*

"This award was for our Holistic Needs Assessment for young adults with cancer, called the IAM, our multi – disciplinary team meetings, and the whole service delivery and infrastructure that we have



developed over the past few years.

"This initiative is now being rolled out and used nationally for teenagers and young adults with cancer in hospitals across the UK because it has proved to be such an effective tool and system to support this age group with cancer."

The IAM is in a digital format that patients able to complete in partnership or by themselves. Their clinical teams can access scores if the patient 'sends' the scores and the portal gives access to further information and additional support online.

## #cancerinsight

Thank you very much. Your nurses in the oncology day unit and on the oncology helpline are wonderful.

thelastmealbeforechemo, Twitter, 6 April 2018

## Cancer insight: Supporting patients

### Talking to patients about chemotherapy

**In 2015 we changed the way we supported our patients who were starting chemotherapy in our Oncology centre.**

To make their visits less daunting, we started to invite all patients and one family member or friend to a small group chemotherapy information session.

During this session a short presentation is delivered by a chemotherapy nurse which is aimed at educating them about what chemotherapy is, the potential side effects it can cause and how to keep them well and safe.

They also receive non-clinical information from our FOCUS information centre manager about complementary treatments such as Reiki and Indian Head Massages and are informed of practical advice available such as financial support, talking to children and the available support groups.

This change in practice has been positively evaluated by the patients and the feedback has been encouraging:

*"It was explained in a way that was easy to understand"*

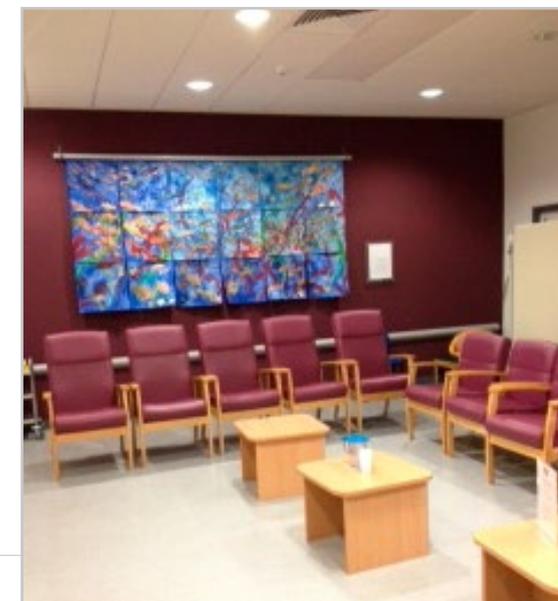
Alison Peett, Training and Development Nurse (Oncology) says: "The one difficulty has been that due to limited room space, the patient is only able to bring one person with them to the session and we are

aware that other members of their family or friends would have liked to attend.

"To overcome this problem, we have produced a short chemotherapy information film which will be available to all patients, their families and their friends. In addition, for patients who have previously received chemotherapy but are starting a new treatment plan, they may choose not to sit through the group presentation but view this film as a refresher instead.

"It will also be useful to anyone who knows someone affected by cancer and is undergoing chemotherapy."

The film can be accessed on [youtube](#) and has also been promoted via our social media channels.



# Understanding our patients: Focus on dementia

## Listening to our patients

**At a dementia workshop earlier this year, members were privileged to hear from Helen, whose father has dementia and has been a patient at our hospitals.**

Helen cares for her mother who is her father's main carer. Her insight painted a fascinating picture of how care at our hospitals can be perceived. We know that coming into an unfamiliar environment like hospital can be disorientating and frightening and may make patients with dementia more confused than usual. Hospitals can be loud and unfamiliar, and the person may not understand where they are or why they are there.



It was frightening for him to be moved."

Helen went on to talk about the most recent experience for her father, just before Christmas 2017. His dementia has now progressed to the extent that he has very little memory, and again this was a frightening experience for him. Being admitted via A&E, he was distressed by the experience, particularly when he was moved in the middle of the night.

In order to help patients like Helen's father, we urge staff (and patients' families) to use the This is Me document which is provided by the Alzheimer's Society. In our Emergency Departments, Consultant Tanya de Weymarn has developed a poster campaign advising staff to ask patients who attend if they have a This is Me.

When filled in, this provides a snapshot of the person with dementia, giving details about them as an individual, such as their personal background, needs, preferences, likes, dislikes and interests.

*"Her insight painted a fascinating picture of how care at our hospitals can be perceived"*

Helen said: "My father's first visit was traumatic. With his cognitive impairment, he actually believed that he was in prison. It was a shame that on this occasion, a number of staff missed some quite clear cues and didn't realise that he was someone living with dementia."

"On his second visit, the staff at Cheltenham were very good with my father. However, he had to be moved twice, which understandably has more impact on a patient with dementia as they take a while to be oriented to their environment anyway.

The leaflet can be downloaded from [www.alzheimers.org.uk/thisisme](http://www.alzheimers.org.uk/thisisme) or ordered from Alzheimer's Society Publications Orderline on 0300 303 5933.

*"This provides a snapshot of the person with dementia"*

As 2gether Matron Ruth Kyne summed up at the workshop: "You may only get one chance to get it right, so making adjustments to make the individual more comfortable are absolutely vital."



## Tommy Whitelaw talks

**We were very lucky to have Tommy Whitelaw visiting to talk to us and share the story of his experiences as a carer for his mother Joan, who had dementia.**

Described as 'inspirational and amazing', Tommy visited us on 1 May 2018, allowing staff two opportunities to see him speak (one at each site).

- Tommy met staff at an open event from 11.00 to 12.30 at The Lecture Theatre, Redwood Education Centre (REC)
- In the afternoon, he met staff at Sandford Education Centre (SEC) from 2pm until 3.30pm (limited to 40 places)



Tommy Whitelaw

Find out more about Tommy here: <https://youtu.be/c6sm4jOxeQs>

## Positively speaking



# Positive patients

**We get reviews and messages every week across our social media channels. This is just a selection of those received in March and April.**

### Facebook:

**Sarah:** I cannot praise the **A&E** department and the **Acute Care Unit** enough. Despite a huge work load of patients, their kindness, patience and care towards my father has been exemplary. I was there until late last night and back again 6am and NOBODY batted an eyelid. They let me see him and be there as much as I need and give me all the information I need too. Wonderful staff!

**Valerie:** Thank you to the staff on **Lilleybrook Ward** for looking after my husband Chris. I am impressed by the care he was given and how much the ward has improved over the last few months. Chris has been in and out frequently and I have watched this improvement with interest.

**Jill:** BIG thank you to all the staff at **Cheltenham General Hospital** for the life saving treatment given to Chris last week – so grateful – now back in North Yorkshire on the road to recovery – NHS at its best x

**Helen:** Just wanted to say.. You have brilliant **A&E** staff at Gloucester. Thank you so much for taking care of me. Having never suffered a panic attack or hyperventilating before I didn't know what was happening to me. After the shock of falling down some stairs & landing awkwardly on my shoulder, winding myself in the process, the pain mixed with everything else caused this panic attack.

Your reception nurse helped me to control my breathing in the waiting room & tell me exactly what I needed to do to regain the feeling in my body due to excessive pins and needles from having no oxygen in my blood. They explained why I felt like I did, what I needed to do & calm me down before then looking into my shoulder injury. I cannot fault all of the team throughout **A&E, X-ray** etc. Thank you very much.

**Krystal:** I cannot thank Gloucestershire Royal staff enough! I was discharged today after had an emergency op for my appendix to be removed, I arrived by ambulance just after midnight Monday eve, and from the get set, every person I met from **A&E** to **Day Surgery** ward, recovery and finally **Ward 9a** were amazing! I really do take

my hats off you each and every person... I especially thank Day Surgery ward, they are the most loveliest, caring people ever! I watched every single person show true care and meaningful love to every patient, including myself. I suffer from anxiety when in situations like I was and not once was I anxious while being on their ward! The love is wonderful there, I hope they keep it up! And the wonderful surgeons and recovery team – I wish I could hand them all a medal! I hope they get recognition.

**Bernice:** Last week I spent 5 days on **Prescott Ward** at Cheltenham General and would like thank all of the staff for making the stay much more bearable. The **porters** who work tirelessly ensuring patients arrive on time for their x-rays/CT's/procedures and transfers – all the while being as cheery as possible (Steve and Nigel – thank you!) – the **cleaners** who keep the ward spotless, the **housekeeping staff** who make sure patients are kept watered and fed, the wonderful **nursing staff** who try and make to stay as comfortable as possible (Deb, Estelle, Sarah, Emma, Josie and a Wesley to name only a few) and of course the **doctors**.

*"My hat goes off to you all working on this busy Surgical Ward – you really are worth your weight in gold"*

I myself am a Nurse and my hat goes off to you all working on this busy Surgical Ward – you really are worth your weight in gold. Even though the Ward was very busy, a calmness was ever-present, it is clear that the staff all get on and enjoy their jobs – it was certainly very evident during my stay. In the nicest possible way I hope I never have

the pleasure of meeting you all again – but I know if I have to spend time on Prescott again – I'll have no worries, THANK YOU!

**Wendy:** Thank you to the amazing **Guiting Ward** team that has been home to my dad as a patient and my sister and I s visitors for just over 3 weeks. The ward is spotlessly clean and so well organised. The nursing team are all kind, compassionate and skilled – nothing is too much trouble. Thank you to the **Vascular Consultants** and team, **Mr Poskitt, dieticians, nurse specialists**, Vanessa and **discharge team, phlebotomy team, porters** and **housekeeping staff** for all the tea! I cannot praise you all highly enough for the wonderful jobs you all do. Thank you!

**Chantel:** Absolutely superb care for my son today in the **Children's Day Unit & theatre**. Cannot fault all the staff that helped. Kind, friendly, caring and so professional. Thank you!

**Mike:** Went in for a broken thumb, **A&E** then 2 days later for operation. Every member of staff I encountered was friendly, caring and kind. Yes, there was some waiting around BUT that is no fault of the staff who work there. Please remember that folks!

**Jennie:** I came in for a blood test in **Phlebotomy** this morning, I have a phobia of needles and my husband came in with me. They allowed me to skip the queue (very important in such a situation) and responded with kindness. Your staff were fabulous. So kind, took their time and were a credit to our NHS. Please pass on my thanks – the waiting room was packed, I can only imagine how hard they work and they treated me with such kindness and awareness of my anxiety. Professional, skilled and kind. Thank you.

## Our charity

### Thanks to Ward 5B for great care

**When Charlotte Oosthuizen and her family wanted to say thank you to the team on Ward 5B, they decided to raise funds to make an impact for future patients, as she explains:**

"My mother, Johanne Woodhead, was shown exceptional care over a number of months by the brilliant team at the Gloucestershire Royal Hospital.

"We were so thankful for the consultants, doctors, nursing staff and support workers who worked tirelessly for her wellbeing and did all they could to help her, despite the significant difficulties with her health.

*"Johanne received outstanding care, not only in the final months of her life, but indeed over a number of years"*

"Johanne received outstanding care, not only in the final months of her life, but indeed over a number of years. Fundraising was the perfect way to both remember Johanne and to make a difference for future patients, and when we heard that Ward 5B

needed a new ECG machine we were determined to raise the funds needed!"

Charlotte and her family set up a giving page in memory of Johanne and added to the funds raised through donations in lieu of birthday presents and a sponsored walk undertaken by Johannes Oosthuizen, covering 160km in 4 days!

Their fundraising totalled an incredible £2,895 enabling the ward to purchase an ECG machine, providing new technology which makes a real difference for patients. The machine gives instant information enabling the team on 5B to quickly assess a patient's condition and can easily be moved between beds or areas benefitting many patients every day.



### Jaundice meters update

**Newborn babies and families in Cirencester will soon benefit from new technology called a Jaundice Meter thanks to the committed fundraising of Cirencester Hospital League of Friends.**

The Friends raised money through the annual 'Walk for Wards' at Cirencester Park, which saw local midwives, supporters and members of the League of Friends taking on a 10km walk together to raise funds for the Jaundice Meter.

The 'Jaundice Meter' will enable Community Midwives to identify babies at risk of high jaundice at the earliest opportunity and move them rapidly into treatment. While jaundice is often resolved naturally it also has the potential to lead to more serious conditions such as kernicterus which can cause brain damage.

Identifying high jaundice levels at the earliest possible stage is a key factor in the treatment of babies with serious illness, and the new portable jaundice meters will enable community midwives to make an immediate assessment. Midwives need only press the jaundice meter against a baby's skin to give an instant reading of jaundice levels, allowing a test to be made without disturbing the baby and without the pain caused by a blood test.

Head of Fundraising for our Cheltenham and Gloucester Hospitals Charity, Richard Smith said: "We are incredibly grateful for the support of the League of Friends,



and to all those who got behind our Cirencester Jaundice Meter Appeal at Walk for Wards. Our community midwives visit families during their baby's first days and weeks at home, a time when they are most likely to have jaundice. Thanks to the funds raised, we can now equip our team with a jaundice meter which will help us to identify babies at high risk and begin treatment at the earliest opportunity."

The Cheltenham and Gloucester Hospitals Charity, which launched the Jaundice Meter appeal last year, has now secured funding for two of three Jaundice Meters needed for Cirencester and is hoping to raise the funds for the third machine needed.

Supporters will again be able to Walk for Wards to support the Cirencester Community Midwife Fund and other projects at Cirencester Park on Sunday 7th October 2018, to find out more call 0300 422 3231 or email: [ggh-tr.fundraising@nhs.net](mailto:ggh-tr.fundraising@nhs.net)

## Board talk

Every month our Chair Peter Lachecki talks about some of the highlights from the meeting in this column.



**Every Board meeting is preceded with a patient story and March's meeting perfectly illustrated the value in this.**

Tiffany Cairns, Senior ED Nurse, talked members through some of the quality and improvement work that she and members in the team are doing as part of their silver academy award (GSQIA).

*"We know our ED department at Gloucester is too small – this is particularly prevalent in periods of surge"*

We know our ED department at Gloucester is too small – this is particularly prevalent in periods of surge. While there are plans to address this through the capital bid (£39.5m), Tiff and her team are working with patients as it is now. Basic things like improved communication, reducing the levels of noise and making the environment as welcoming as possible (the tea trolley in ED for patients and relatives) are all being reviewed and improved. We look forward to learning more about the progress achieved.

The March meeting was the first time that Board members had met since approving

plans to establish a wholly owned subsidiary company. It was a difficult decision not because it wasn't the right decision but because the Board wanted to take all staff with us. We recognise that individual staff are in different places. The Board did acknowledge that an increasingly larger number of the workforce were grateful that we did reach a decision so they can get on and innovate without the uncertainty of not knowing. In time we are confident that we'll see the benefits.

In terms of operational performance we achieved 89.7% against the A&E standard in January, which is quite an achievement given the challenge and compared favourably to 74.6% during the same period in 2017.

The Board wanted to make a special mention to dermatology, who have achieved 100% in the previous four months while managing a significant increase in demand and gynaecology cancer who have developed more efficient ways of working (exclusion clinics) so that suspected cancer patients on the two-week pathway are treated and processed more efficiently. There's more to do and the Quality & Performance Committee will continue to monitor progress.

The Board wanted to thank the bereavement team for the improved way in which deaths were being recorded and thus

vitaly important information was being logged. This is important because it helps better support any learning that may emerge. Almost all hospitals across the country report higher levels of mortality over weekends. The previous assumption being that this was in some way linked to the availability of staff. However, data has shown that the proportion of patients being seen by a Senior Consultant within 14hrs is higher at weekends. The theory developing now is that acuity levels of patients admitted at weekends is greater.

*"The Board received a paper on gender pay"*

Finally the Board received a paper on gender pay which prompted a good debate. For the vast majority of staff (82%) there is no gender pay gap. It was also encouraging to learn that more women are successfully coming into medicine and reaching the most senior positions.

## Top 50 position

**Deborah Lee, our Chief Executive has been named one of the top 50 CEOs in the NHS, in a prestigious industry ranking.**

Deborah was recognised by a panel of independent experts for her contribution to patient care through her organisational leadership and forward looking vision at a time of rapid change, ambiguity and complexity.

The judges were asked to assess three criteria: leadership style and personal example, the performance of the organisation and the contribution to the wider health system.

In recognising the part that leadership plays in shaping and providing patient care today and in the future, the panel acknowledged that despite working in a complex environment with significant pressures currently, the top 50 CEOs were embracing and addressing these challenges in their own organisations and health systems.

Peter Lachecki, Chair of the Trust said "I am delighted that Deborah has been recognised in this way. We are very fortunate to have someone with Deborah's experience and skills leading the organisation. However, it is her passion for staff and patients alongside her unrelenting determination to do the very best for Gloucestershire that sets her apart"

"Deborah would also be the first to acknowledge, that she could not achieve in her role if it were not for the willingness of staff to embrace her vision and work alongside her – regularly going above and beyond the call of duty. We are very lucky to have a high calibre of leaders and staff in our organisation and I am confident that we will continue to address the many challenges that face us now and in the future."

## Health & wellbeing: For staff and patients

### Children's steps to healthy living

Staff in our Children's Outpatients department at GRH have been encouraging young patients to take steps towards healthy living.

Each month, they are promoting a different healthy topic in the department. Ward Manager for Paediatric Planned Services Beverley Jones explains further:

"We are really committed to engaging our young patients and their families and have been making each month fun and informative.

"January was Dental Hygiene Awareness Month so we had promotional tubes of toothpaste to give out, along with literature about tooth brushing. We also had two visits from the Dental Hygienist who talked to children and families, about 'no rinse, just spit'!

*"We are really committed to engaging our young patients and their families"*

"Our Healthy Eating Awareness month in February saw us undertaking a collaborative project with the catering department, who liaised with their supplier and provided us with free fruit for any child attending an Outpatient Appointment for the whole of February.

"In March we welcomed Nourish Health and Fitness to help us with the Move More

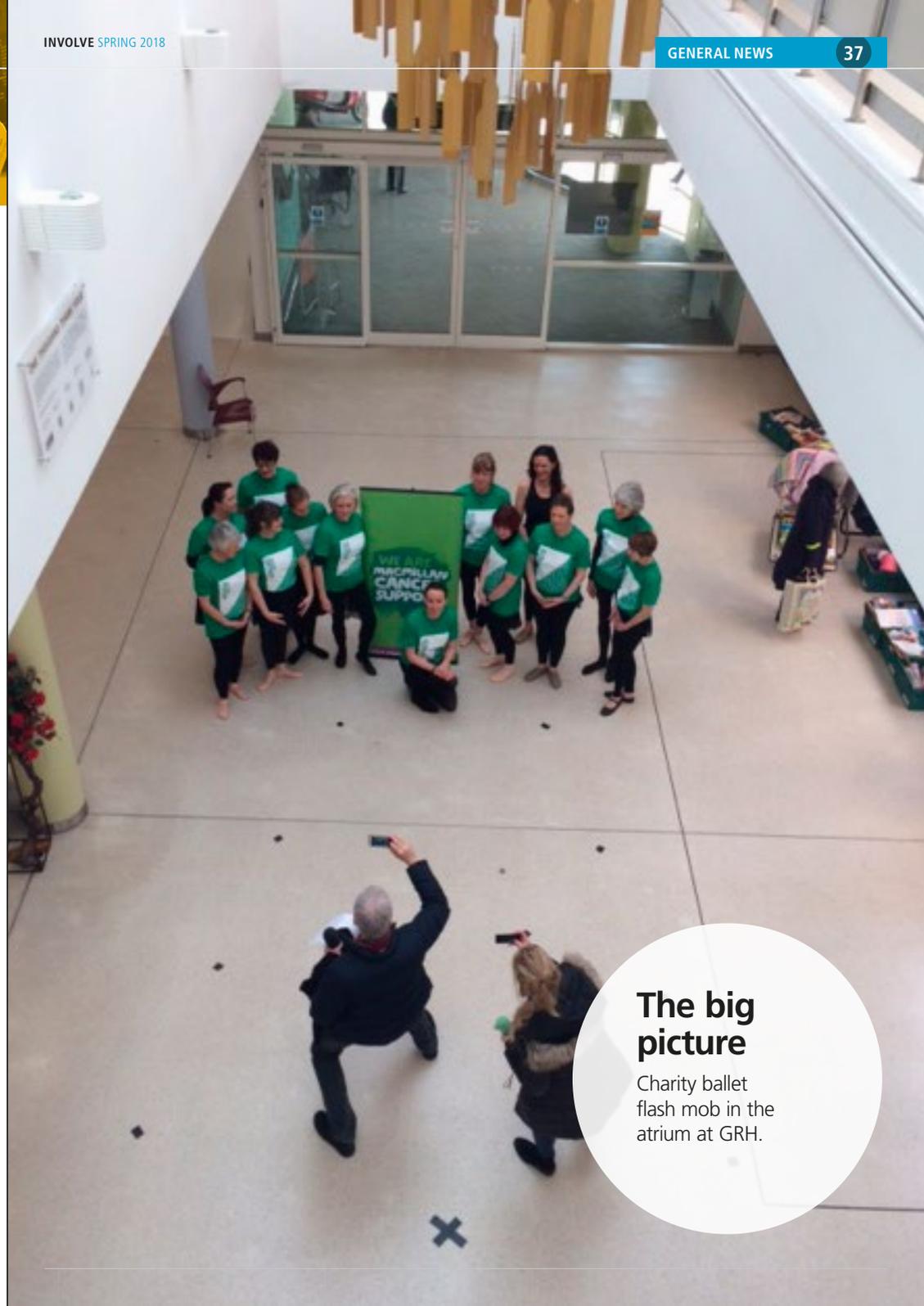


campaign. They showed our children, young people, parents and staff some useful exercises to help us move more and build strength and flexibility! We also used free literature from the 10 minute Shake Up campaign from Public Health England as well as some Zumba music for the children and staff to get moving to!

"In April we moved on to Stop Smoking. We know that lots of children really want their parents to stop smoking, so we have engaging literature and facts to help people quit with support.

"I have always tweeted our events, and we have had a number of likes and retweets.

"Making Every Contact Count is important to us, and whilst we cannot yet evaluate the impact we are making, we are at least exposing children and families to some healthy messages!"



### The big picture

Charity ballet flash mob in the atrium at GRH.

Thank you to all at the Day  
Surgery Unit who gave such kind  
and attentive care yesterday.  
YOU ROCK. #NHS ❤️ #surgery  
#pirateeye

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Emily, Twitter, 21 March 2018

