

# Involve

MAY-JUNE EDITION

# Everyday heroes

Attention turns to the 70th  
anniversary of the NHS

MORE DETAILS ON **P12** ➔

**IN THIS  
ISSUE**

- AMIA acute vision
- Meet our ODPs
- Cancer insight
- Little things matter
- New visiting hours
- Children's Diabetes Camp

# Message from Deborah Lee: May–June 2018

**I was lucky enough recently to spend some time away with my family and with a bit of distance I was reflecting on the degree of change that is all around us in the NHS at the moment; these reflections feel especially poignant as we move closer to the 70th anniversary of the NHS.**

In the Trust we marked this special occasion in lots of different ways on the 5th July. We will be covering this in more detail next month, but suffice to say, it was a memorable day that was enjoyed by all.

One of the most momentous ways in which NHS70 will be marked is the commitment from Government to a long term funding deal for the NHS. I applaud the Prime Minister's resolve to ensure this money is spent 'wisely' and for the benefit of patients and will be ensuring that we don't lose sight of this goal in our own Trust.

May saw the exciting announcement that Gloucestershire is to become one of only 14 Integrated Care Systems (ICS), a new type of even closer collaboration between the NHS and social care across the county. Fair to say that it is not clear enough yet what opportunities this status will bring but it is a huge mark of the esteem within which the Gloucestershire system is being held by those at the top of the NHS – I like to think that Gloucestershire Hospitals is a key part of this success story through the improvements we have delivered. In the last two months the regulatory enforcement notices in respect of both A&E performance and financial governance



have been lifted signalling not only that we have remedied these long standing issues but that our regulators have confidence that we have done this in a sustainable way and for the long term. On the 23rd June 2018, we achieved 100% for our A&E performance on the Gloucestershire Royal site – the first time since 2014!

*"Performance in cancer standards is also now improving at a rate of knots"*

The really great thing about the Trust at the moment is the number of fronts of which we are driving improvement. Our mortality rate (the number of patients who die in, or after, our care) compared to the number expected continues to fall from a high when we were 18% higher than expected to this month when we are 6% lower – a huge achievement for our patients and their families, not to mention our staff who have much to be proud of.

The one intractable poor performance in cancer standards is also now improving at



a rate of knots. The all-important index measure of the 62 days from referral to first treatment is finally on the move. A number of our services are not only contributing to this positive picture for Gloucestershire but are leading the way nationally. Of note, patients with suspected skin cancer are receiving care that meets the national standards on 100% of occasions; patients with suspected gynaecological cancer are benefitting from the innovative cancer exclusion clinic (which I predict will be picked up nationally as an exemplar approach), breast services continue to be national leaders, as do those delivering testicular cancer services. In addition to these national exemplars, it is also important to note those services that, whilst not achieving the standard, are making huge improvements – colorectal services are a great example of a service not just making dramatic improvements in timely care but doing so in the face of very significant increases in activity.

On another positive note, with regard to the Non-emergency Patient Transport Service (NEPTS), the service commissioner recently

presented data showing the improving performance of current provider Arriva, though the service continues to fall short of the contractual standards for pick up, drop off and collection of patients. It's clear that Arriva are taking this issue very seriously and they presented an impressive range of initiatives they are implementing to address the performance deficit, which includes dedicated routes and transport for renal patients who are high users of the service due to their need for regular dialysis.

*"Arriva are taking this issue very seriously and they presented an impressive range of initiatives"*

Arriva will also be deploying further text technology and other innovations to both reduce the high level of aborted journeys and to provide patients with more information about the anticipated timing of the ambulance through text messages. We can help by ensuring strict adherence to the eligibility criteria for funded NEPTS, prompt cancellation of booked ambulances when patients' appointments or plans are changed and finally reducing the number of on-the-day bookings for



## Message from Deborah Lee: May-June 2018

inpatient discharges – better to book and then cancel on the day than not to book.

*"Staying with a positive note, I'd like to flag the great progress we are making in the area of service redesign"*

Staying with a positive note, I'd like to flag the great progress we are making in the area of service redesign. The 'straight to test' pathway for patients with suspected lung cancer was launched recently and I was delighted to be copied into an email by Dr Henry Steer, in which he described the experience he had been able to offer to one of his patients which, thankfully, ended up in an 'all clear' diagnosis within 24 hours of a worrying chest x-ray. Prior to this transformation, the patient and his family would have been exposed to 2-3 weeks of worry; even with a poor outcome from the CT scan, the patient would have been receiving active management, information and support so much more quickly than previously. This is especially



pleasing to see as the focus for the change as been within the radiology team who have embraced this aim and dramatically changed they were they provide their own service to support this goal.

Late May also saw the launch of our 'accelerated chest pain pathway' as the result of the introduction of the one hour troponin blood test. This test allows for much more rapid diagnosis of patients presenting to our Emergency Department with chest pain. The benefit for patients is the ability to receive an 'all clear' for a suspected diagnosis of heart attack, without the need for admission, and for those in whom a heart attack is confirmed, rapid access to specialist opinion and the right treatment. Of particular note in this initiative, is the extent of joint working and collaboration between the three services required to make this happen cardiology, unscheduled care and, not to be forgotten, the often 'unsung heroes' working in our laboratories which, on this occasion, was the team in biochemistry.

We saw strong performance in April against delivery of the Cost Improvement Plan which makes for a good start to the financial year, however, there is still much to do to achieve our target for 18/19 and we can all play our part by being mindful of the little things which all add up.

However, one of the great successes of recent weeks has been the ring fencing of the Day Surgery Unit (DSU) at GRH which was promised following the opening of the new Acute Medical Initial Assessment (AMIA) Unit. This issue has been a long-standing concern to many, myself very



much included, and even more so recently when the issue presented itself via our Freedom To Speak Up channels, resulting in a Quality Summit being convened. Following the ring-fencing of the unit, in the month of May we saw 185 more patients than the monthly average of the past year, a huge 24% more patients through DSU and no breaches of the ring fence.

*"In the month of May we have seen 185 more patients than the monthly average of the past year"*

Early June saw the start of one of the biggest, visible elements of our TrakCare Recovery programme. With more than 50% of data quality issues in the current system emanating from outpatient outcomes, this step is a huge milestone in getting us back on track. We look forward to mobilising the many patient and clinician benefits a well deployed electronic patient record (EPR) will bring and as such this is a significant milestone. Feedback from the go-live on the 20th June was very positive, with the floor walkers (and their pink 'High Vis' jackets) being especially appreciated.

Another thing that I would like to draw your attention to is our new extended visiting hours, which we launched to coincide with NHS70 on July 5th. We're really proud of this move, which sees patients being allowed to receive visitors from 9am to 9pm each day. We hope that the new visiting hours will allow families easier access to medical staff,

and it also means they can participate in care if they wish to do so. If you have opinions - good or bad - about the new hours, please use the hashtag #VisitMe if you are communicating with us on social media

Finally, with my new love of Twitter, I recently spotted that we had a new member of staff who is so cute - not something I would usually comment on! Arnold, the Therapy Dog has been enlisted to provide important therapeutic visits to children receiving care in our Children's Centre, through a partnership with PetsAsTherapyUK. I look forward to meeting him at Trust induction!



Arnold

## Transforming our hospitals: AMIA

### In May a new Acute Medical Initial Assessment unit (AMIA) launched at GRH.

The AMIA incorporates Ambulatory Emergency Care (AEC) and is located at the back of the Acute Medical Unit (AMU). It utilises the space formally occupied by the Spinal Assessment Service and consists of:

- Assessment chairs (mixture of recliner and high-back)
- 4 consultation rooms
- Dedicated waiting area

The purpose of the AMIA is to provide rapid assessment by a Consultant or Senior Decision Maker who will either see, treat and discharge directly from the AMIA, or alternatively stream the patient to the most appropriate pathway. It is anticipated that this will enable us to reduce potentially avoidable admissions and facilitate the right patient, right place, first time.

*"The purpose of the AMIA is to provide rapid assessment"*

Establishing a robust and consistently provided AMIA (incorporating AEC) is one step towards achieving our vision for the 'Acute Floor' at GRH. The aim is to bring together all emergency medical services currently provided at GRH via creation of an 'Acute Floor'. This will:

- Provide patients with the most appropriate healthcare provision
- Improve patient flow
- Reduce admissions by 15–20 per day

- Increase resilience for winter 2018/19
- Enable the Day Surgery Unit to be ring-fenced for surgical patients.

### Patient access to the unit

Patients coming via ED for initial triage will need to come to the unit via the Tower Block. They will go to the 1st floor and follow the signs. Patients who currently access AEC directly (via their GP [through SPCA] or SWASFT) will continue to do so.

## Operational Hours & Pathways

**The AMIA operates seven days a week, 08:00 – 22:00.**

The pathway into the unit will initially be via ED for GP referrals.

**GRH AEC's official hours are 8am–6pm currently.**



### Outline spoke to some of the staff on the unit to find out more about the difference it will make.

**Clinical Lead Professor Mark Pietroni explains:** "We have two areas, where we can put trolleys if we have to, but usually we have soft chairs as this is an ambulatory unit. These are primarily for GP referrals as they can come in and be seen and assessed in the chairs. National experience says that you can turn around about 30% of admissions on the same day if you have a rapid ambulatory assessment process.

*"In the future we would like GPs to phone them through"*

"Currently patients come to ED for triage. If they are unwell (NEWS >3) they stay in ED, otherwise they come to AMIA.

"In the future we would like GPs to phone through so we can talk about where the patient should go and hopefully give them guideline time slots which will spread attendances out through the day."

Mark says that he is not sure that a fixed time appointment system will work, but that staggering attendances throughout the day is good to avoid the two surges at lunchtime and in the evening; this is caused partly by the way people work but also by GP hours.

He continues: "With the extended hours that GPs are now offering, we hope that this may also reduce the pressure on A&E in the evening. AMIA will also give us the opportunity to speak to GPs and perhaps say to them that while we agree



Prof Mark Pietroni

that this person needs some tests or treatment, can it wait until tomorrow?

"An example from another trust is when a woman was referred in by her GP for a blood transfusion, but came in at 4pm. As transfusions don't usually take place overnight, she would have sat in a bed overnight for no reason, but with AMIA she could stay at home and come in the next day for assessment and treatment.

"It's this kind of change in practice that we are hoping to implement here. Another example would be where a patient is sent in by a GP with a suspected pulmonary embolism; in this case they would be given some tablets to take overnight then they could be sent in the morning to have a scan, having spent the night in their own bed at home.

"A next step might also be for a GP to fax through an ECG for someone with chest pain, and this unit would be able to give them advice and guidance

## Transforming our hospitals: AMIA

to assess how acute the need is."

### Programme Manager Lou Overton

takes up the story, saying "We are looking to pilot something called Cinapsis in July, which is a CCG-commissioned system that is a secure, phone-based system that allows images to be sent. It's a system that records the conversation into a pdf so that so that there is a clear record for clinical governance purposes."

Mark continues: "AMIA is supported by the acute take team and as soon as we have Cinapsis, GPs will be able to refer in directly via the SPCA. In the meantime, our patients will continue to come via ED and AEC via the single point of access.

*"National figures suggest that you can lower admissions by about 30%."*

Prof Pietroni further advises that AMIA should result in a change of culture, he says: "AMIA will enable the GP referrals to come directly rather than streaming them through ED, which should reduce the pressure at the front door.

"Being seen and assessed by a consultant in AMIA should change the culture around admission, and enable many more patients to be treated in an ambulatory fashion rather than being admitted.

"Even the fact that people will walk in, not on a trolley, not in a bed, and will stay dressed in their own clothes will be different. This saves time for everyone and provides a better patient experience.

The idea is to get the patient to the most appropriate place to be treated by the most appropriate person, first time.

"National figures suggest that you can lower admissions by about 30%, and we have also seen with GP referrals since we opened that 50-70% can go home the same day as we can manage them more effectively in this new setting."

### Dr Gareth Towersey is a one of the acute medicine registrars working on AMIA, AEC and across the AMU. Outline

asked him about his thoughts on AMIA:

"It gives us an opportunity to have the physical space to see patients, we're able to pull them up quickly from the ED and being able to see them here in a less crowded area with more space is really important in being able to assess them. The lack of physical space in ED certainly presents a challenge, so the environment up here is certainly preferable.

"We can order their investigations and get them on a treatment pathway whether that is by an inpatient admission or, like the majority of our AMIA patients, by discharging them the same day.

"Patients have been largely positive about the new unit too, and the fact that they can get everything done in one day and go home really works for most of them, even if they have to come back in a couple of days.

"With investigations like imaging, it actually gets done more quickly than it would if the patient was in an inpatient bed; probably because a sense of urgency is created by the fact that the patient will be going home before ten,

so it's really much more efficient."

### Sarah Andrews is a trainee Advanced Nurse Practitioner working on the AEC area of AMIA.

Sarah says, "I work in a similar way to a junior doctor, assessing patients and ordering tests before reviewing them and coming up with a diagnosis.

"As well as the ANPs on the unit, there are Band 5 nurses who work with us. We have recently recruited more nurses and hope to be able to offer extended opening hours by September.

*"The target from June is that emergency admissions will be reduced by 15-20 per day, increasing to 25-30 in the autumn"*

"The AEC unit here is now able to take more patients, about 500-600 a month, so we have 20+ patients here most days. The benefit of the new set up here is the degree of medical support available.

"From a patient's point of view, the majority of them are pleased not to have been admitted, even if they might have to come back. Our admission rate is only between 8 and 12%, which is where it should be.

### Andrew Carter is the Assistant General Manager for the unit,

and says that the key figures are how many patients are coming through the unit and the ratio of how many are being discharged and not going into a bed.



Dr Gareth Towersey



Sarah Andrews, ANP

"The whole aim of AMIA is how many of those GP referrals are being turned around and not becoming admissions. The target from June is that emergency admissions will be reduced by 15-20 per day, increasing to 25-30 in the autumn.

"This is based around the figures that are currently experienced by AEC."

AMIA is currently discharging more than 78% of patients, which is on target and provides a better way of managing patients.

## Integrated Care System announced

**It was recently announced that Gloucestershire is to become one of only 14 Integrated Care Systems (ICS) across the country as part of Wave 2.**

As part of the announcement, the county has been given a huge vote of confidence and praised by NHS England Chief Executive, Simon Stevens for effective partnership working and ambitious plans to join up support and services for the benefit of communities.

Moving forward, an ICS for Gloucestershire will mean:

- › an even greater focus on supporting people to keep healthy and independent and developing active communities
- › you should experience greater opportunities and find it easier to work with colleagues from other organisations to support shared health priorities
- › greater opportunities to develop the very best training, professional development and career opportunities
- › local people with long term conditions – whether those are physical health, mental health or learning disability related - should see more joined up care and support in their own homes, GP surgery, community or in hospital
- › greater freedoms to make local decisions about services and use of the Gloucestershire pound
- › greater opportunities to attract additional money to develop services and support.

This announcement is testament to the county's track record and the strong and positive working relationships

already in place across the health and care family in Gloucestershire.

As 'One Gloucestershire' we have made tremendous strides over the last few years, using our collective strength within our STP area to improve the way support and care is provided. This was highlighted by the magnificent way that the county worked together to manage winter pressures so successfully this year.

*"We will continue to need your knowledge, professionalism, skill and dedication"*

The announcement marks a natural next step as we continue on our journey of collaborative working but at the same time, we want to minimise any uncertainty for you. Movement to an ICS does not mean a merger of existing organisations or creation of a new organisation, rather organisations coming together in voluntary partnership.

We will continue to need your knowledge, professionalism, skill and dedication and we will also draw on the expertise of others such as councils, charities and the wider voluntary and community sector.

Further details, including timescales, will be released in due course, so do look out for more news in the coming months.

## Little things matter

**Little things matter**  
Let's not just do 'something'  
at falls...

**April marked the start of our campaign 'Little things matter' aimed at reducing falls in our hospitals.**

The goal of this campaign is to change the culture and the way we think about falls, by showing that if everyone makes a little change in practice, we can bring about big changes for our patients.

The team dubbed the start of the campaign as 'April falls day' and the campaign was initiated across medicine, supported by the falls champions and ward managers.

*"If everyone makes a little change in practice, we can bring about big changes for our patients"*

The plan was to gradually expand to incorporate surgery, however the campaign gained momentum and by week two the team had fully rolled out the campaign across the Trust bed base.

To ensure the campaign keeps up the engagement of our teams, each month the campaign will focus on different areas that contribute towards

falls, aiming to reduce that risk.

In June, the team are highlighting the importance of documenting both lying and standing blood pressure.

Each monthly change will be highlighted at safety briefs and staff meetings by the falls champions and ward managers across our hospitals and our falls therapy leads are also supporting and teaching in areas of higher need. This is supported by posters and social media.

Matron for Gastro, Endoscopy, Dermatology, Rheumatology & MDU Matthew Little has been a driving force behind the campaign:

"To date we have averaged returns from 26 ward areas, with over 1000 falls prevention interactions documented. The key thing for our staff to take away is that Little things matter. If everyone makes a little change in practice, we can bring about big changes for our patients. Let's not just do 'something' to prevent falls... Let's do something that works!

"This campaign cannot work in isolation and works alongside #endpjaralysis as regular mobility reduces falls risks."

## NHS turns 70



**The National Health Service is turning 70 on 5 July 2018 which provides the perfect opportunity to celebrate the achievements of one of the nation's most loved institutions.**

It also gives people the chance to appreciate the vital role the NHS plays in our lives, and to recognise and thank the extraordinary NHS staff who NHS England describe as "the everyday heroes – who are there to guide, support and care for us, day in, day out."

*"Across the country, celebrations are taking place"*

Across the country, celebrations are taking place and media coverage, both national and local, is gearing up for the event. Although 5 July is the key date, celebrations will take place throughout July, and even extend into the rest of the year.

Here at the Trust, on the day our group of 100 Leaders will be forgoing their quarterly gathering in favour of a day when we will celebrate the value of visible senior leadership.

The group will not only be out and about serving tea, coffee and cake, but they will be gathering your views on the things that make Gloucestershire Hospitals a great place to give and receive care alongside the things you'd most like leaders to address. Our aim is to generate 70 of each and produce a word cloud for both so that our 100 Leaders are in no doubt about what matters most to you – what we should keep doing and build

upon and what we still need to address.

We're aiming for a real celebratory feel to the day, complete with balloons and bunting and will be handing out a commemorative token to all staff.

Finally, we are also encouraging staff to consider creating their own commemorative corner, mood-board and the like, mapping the NHS through time from personal stories and/or pictures. And in case of doubt, no NHS money will be spent in the making of this internal event!

NHS70 has captured the imagination of the nation and a team of NHS staff across the country have announced ambitious plans to produce what they hope will be one of the biggest musical hits of 2018 and our Cheltenham and Gloucester Hospitals Charity will benefit from a share of the proceeds.

Over the last 70 years, the NHS has transformed the health and wellbeing of the nation and become the envy of the world.

The NHS has delivered huge medical advances and improvements to public health, meaning we can all expect to live longer lives.

The [NHS Choices website](#) includes an overview of the milestones of the NHS in England from its launch in 1948 to the present day.

In addition, the Nuffield Trust has produced an [interactive timeline](#) which charts the evolution of the NHS from its inception in the post-war years through to today.

## We're open!



**Over recent months a number of clinical teams have been trialling new and interesting ways to support and improve patient and staff experience.**

As part of this work we have been looking at different visiting hours for relatives and friends, as at the moment our adult wards have restrictive visiting times which do not support a truly person centred approach.

Ward 3a led by Emma Ashcroft and 7a led by Alison Hutt as part of their involvement in the NHS Improvement Enhanced Care Collaborative have been trialling extended visiting hours, and already they have seen a noticeable difference. These have included fewer telephone calls to the ward, reduced complaints from relatives, fewer interruptions during the medication round and greater family involvement in discharge planning.

Building on this success and the great work already being delivered in our intensive care units, neonatal unit, children's inpatient unit, maternity services, dementia services and end of life care services we will be extending our visiting times for all adult inpatient wards from **9am - 9pm** from **5th July 2018**. This date is significant because it provides us with the opportunity to celebrate NHS70 and our commitment to improving patient and carer experience.

Other hospitals that have implemented extended visiting hours have found the following benefits:

- Improved nutrition and hydration for patients
- Fewer pressure ulcers and falls
- Support with nutrition and hydration
- Greater family involvement in care and discharge planning
- Fewer complaints
- Improved car parking
- Improved discharge planning

Wards will receive signage which will support this change, help manage the expectations of visitors and explain what they can expect in terms of access. In due course we will be working with staff, patients and carers to develop a Visitors' Charter.

Thank you in advance to everyone for making this new improvement work for our patients, their relatives and friends and our staff.

# We're open!

**New extended visiting hours will deliver improvements for patients and staff, starting on 5 July as part of NHS 70 celebrations**  
**#VisitMe**

New ward visiting times:  
**9am – 9pm every day**

# Staff stories: All about our ODPs

## Behind closed doors

**Operating department practitioners, or ODPs, have been working within the NHS for over 50 years under varying titles but have only been regulated by the Health and Care Professions Council since 2004.**

In April 2017 ODPs were given professional recognition by being welcomed into the Allied Health Professionals family.

In May this year, the College of Operating Department Practitioners and UNISON declared Monday 14 May as National ODP Day, and asked ODPs to come out from behind closed theatre doors and show healthcare colleagues and the public more about their profession and how important ODPs are to excellent patient care.

*"ODPs are a relatively new profession in the Theatre environment"*

**Outline** spoke to Amanda Neale, who is the Principal ODP for Cheltenham Orthopaedic Theatres.

Amanda said: "ODPs are a relatively new profession in the Theatre environment as the first cohort was only in 1992. This isn't to take anything away from our ODA colleagues, who have been around a bit longer.

"We are a group of practitioners that have been trained to assist the Surgeon, assist

the Anaesthetist and recover Patients after their procedure in the theatre setting. Our qualification started off as a two year NVQ level 3 progressed to a two year Diploma and has now graduated to a three year Degree (2018)."

ODPs can be found in a number of different areas, including Theatres, Intensive Care Units (Paediatric and Adult) Emergency Departments, Maternity Units and Resuscitation Teams. Amanda continues: "We have extended skills beyond our initial training to cover Cannulation, Intubation and Invasive line placement and we may also become Scrub Practitioners, Resuscitation Team Members, Physician

## ODPs work in three areas:

- › anaesthetic phase
- › surgical phase
- › recovery phase

They are primarily employed within operating theatres but increasingly in other critical care areas of a hospital. ODPs also manage the preparation of the environment and equipment as well as acting as the link between the surgical team and other parts of the operating theatre and hospital.



Assistants, Theatre Management and Education Practitioners to name but a few.

*"It's fantastic that we are now getting the chance to be recognised for what we do"*

"We enjoy training new members of our team including Student nurses, ODPs and Doctors. To continue the work we enjoy doing on a daily basis. We are the patients advocate and are very proud to be caring for them on their Peri-operative journey.

"It's fantastic that we are now getting the chance to be recognised for what we do, with our own National Operating Department Practitioner Day."

In Cheltenham Theatres alone, here are 23 ODPs working in Anaesthetics, Scrub and recovery and there are similar numbers at GRH. It's a role that isn't well understood, even by people who may work closely with the ODPs in the theatre environment.

Amanda says that the team enjoy getting involved with lots of activities at the trust: "Of course we like a laugh like everyone

else and being part of a great team means that we can involve ourselves in other great team experiences such The Southwest Military Challenge, Mud Runs and the Three Peaks Challenge in June.

'Having been in the hospital environment for many years, it wasn't until I saw a tiny advertisement in a local paper for the training that I realised it was the job for me. I've never looked back. It's like being paid for doing a hobby. The team work, the close contact with everyone and patient involvement is so fulfilling."

If anyone is interested in applying for the ODP Training they should contact [Oxford Brookes University](#).

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

## Diversity network

**We are committed to improving the experience of everyone who works in our Trust, and as part of our commitment to this, we launched our Diversity Network last year.**

In the NHS and our Trust we know that, unfortunately, staff members from certain backgrounds are more vulnerable to discrimination and prejudice. Sometimes discrimination can be intentional, but often it is not done wilfully and can reflect wider challenges in our society.

*"Often, discrimination is not done wilfully"*

Some of the aims of the Diversity Network are:

- To work with our Trust to eliminate discrimination experienced by staff with protected characteristics
- To provide a support and signposting function to staff where issues can be discussed in a safe and confidential environment
- To celebrate the diversity of our Trust by promoting and participating in relevant national and local events

### How do I get involved?

Membership is open to all permanent and temporary Trust staff. Look on the intranet pages for more details.

The network would like their membership to be diverse, in line with its aim of promoting and celebrating diversity in our Trust. Email [ghn-tr.diversitynetwork@nhs.net](mailto:ghn-tr.diversitynetwork@nhs.net) to become

a member, or if you have any questions.

**Outline** spoke to members of the network about their hopes and aspirations for the network:

Dr Alex Dudgeon, Post-Doctoral Research Fellow in Biophotonics Research Unit recently joined the trust from the University of Exeter and works to develop new devices to diagnose diseases using light: He says: "I helped set up a similar network in my previous job and I know how valuable having suitable role models and the ability to network is.

"I hope that as a network, we can highlight diversity and inclusion issues within the trust and work to eliminate discrimination.

"I am passionate about equal rights for all and believe that we should all have zero tolerance for discrimination. I hope that the network will enable suitable role models for diversity in the Trust."

Bilal Pandore is a Human Resources Team Leader and Diversity Communications Officer. He commented:

"Not only does a robust equality and diversity strategy instil a sense of belonging and inclusion, but it also has proven organisation benefits such as a more engaged workforce who can be more representative of an increasingly diverse local population.

"I have recently completed the NHS Stepping Up Leadership Programme that is aimed at Black and Minority Ethnic (BAME) staff, and which was created following the findings of The Guardian's 'Snowy

**Diversity Network**



The network

White Peaks Report.' The programme was a great way to network and share ideas as well as providing a good insight as to how other NHS providers are tackling their respective equality and diversity issues. I left the programme feeling energised with a real desire to facilitate change."

Bilal concludes: "I hope the network can help people to be the best they can be, regardless of any perceived inferior characteristic."

Member Liz Hughes is a team secretary in Leadership and OD and revealed her personal reasons for being in the network, saying: "I was really passionate about being an advocate for the network and being able to utilise years of experiencing pain and the many other symptoms that come with fibromyalgia – my protected characteristic – to perhaps help and support others, particularly those who are what I call fellow silent sufferers, that don't perhaps feel like count or fall into a category.

"I want them to know that there is a place where they can come, feel safe and feel supported and most importantly

not feel isolated and alone."

Nigel Johnson, Research Governance Support Officer said: "I am hoping that I can learn from being part of the network. There are a number of initiatives within the NHS combating discrimination which I wasn't aware of until now, for example, the NHS Workforce Race Equality Standard.

"My view is that the network has allowed me to see that the Trust is a diverse organisation with people from a variety of backgrounds and cultures doing extraordinary work."

You can drop in to one of the network's coffee sessions which take place at lunchtime on the last Thursday of every month in Fosters or Blue Spa Restaurant or get in touch by email [ghn-tr.diversitynetwork@nhs.net](mailto:ghn-tr.diversitynetwork@nhs.net)

# Cancer insight: Opening up on social media

## Looking out for #cancerinsight

**On 31 May, we focused on cancer services at our hospitals, posting live updates on social media throughout the day.**

We looked at a variety of services and highlighted the huge range of staff who do their very best every day to help people with cancer in the county.

Over the course of the day, as well as some personal stories, we posted some stats about our services and hopefully helped to bust some myths around cancer.

*"We looked at a variety of services and highlighting the huge range of staff who do their very best every day"*

Cancer is an emotive term that strikes fear in many hearts. However it is in most cases a disease of getting older, and as a population we most certainly are. It's about what we are born with, how we look after ourselves – and an element of luck. 1 in 2 or 3 of us will



encounter this challenge at some stage in our lives – but continued scientific advances mean that survival of even very serious disease becomes more and more likely.

The number of cancer specialists working at our Trust has more than doubled in the past ten years and this, together with a continued investment in new drugs and new technology, means that cancer survival rates continue to improve and are now amongst the best in the country.

We are determined to get cancer care right for all our patients and are confident of doing so, with exciting plans and developments happening in our services.

## #cancerinsight

**She has provided advice and guidance with wonderful sympathy and skill since my prostate operation. She makes patients feel so cared for, even when she has to impart bad news.**

Patient Feedback for Uro-Oncology Nurse Specialist Lucinda Poulter



During the day, we shared some stats including:

- We received over 22,000 two week wait referrals from our GP colleagues last year, and that we treated more than 3,500 patients with chemotherapy in the same period, all which is made up in our own manufacturing department on site
- Compared to five years ago we are seeing around 8,000 more patients a year (2012/13: 14,658. 2016/17: 22,605)
- We are responding to the challenge of rising demand (9% increase in five years which is 8,000 more patient referrals) by improving services
- Our Breast Cancer service is one of the busiest centres in the country treating close to 300 new cancers every year. Last year we treated 96.3% of patients within 62 days, higher than national average
- Our Skin Cancer service is one of the largest in the country, treating over 300 new cancers every year. Last year we treated 98.2% of patients within 62 days, which is above national average

Importantly, we were able to recognise just some of the staff who care for patients with cancer, from a wide range of staff groups, but all with the same aim in mind, to deliver the best care for patients and their families at a very challenging time of their lives.



ANPs Louise Kinder and Sam Croly



Kelly Prosser and Claire Harrison



Silvia Olivia

## 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:

**Liz:** Super staff. Faultless. felt in safe hands the whole day through :) **Day surgery** for an impacted wisdom tooth all done with professional efficiency and delightful friendliness.

**Karen:** Had a bad fall onto concrete at my yard last night. Horrible pain. Three awesome paramedics looked after me, sorted me out and helped with pain relief. Took me to Gloucestershire Royal and the great care continued. **A&E** doctor Alex was fabulous... Very badly broken and needed setting.

Great pain relief and bed side manner. They sorted me and sent me on my way to return in a week or so for surgery. Awesome... Thank you!

**Sean:** Been in multiple departments from minor injuries to surgical and more specialist departments. Each time it has been a positive experience, I attended **A&E** this afternoon/evening and was seen

by some of the orthopaedic team, one of the doctors Emily was absolutely fantastic, just the attitude alone makes patients feel more at ease. It's staff like this that make the NHS what it is. Be proud of your staff GRH, they are doing you well.

*"It's staff like this that make the NHS what it is"*

**Lisa:** I've just returned home after being admitted onto **ward 5a** and then transferred into **ward 5b**. The staff are the most care giving staff; I understand that they have lots to do but they would never forget you and would always make sure you're alright. Thank you for the care you provided whilst I was there, you're a great team keep up the good work!

**Lisa:** Visit to **Cheltenham A&E** today with my youngest daughter who had fallen from the top of a skate ramp. Quick, efficient and very friendly staff. Specialist nurse was lovely and he put us at ease explaining injury in detail, what to expect and what to do for next few weeks. Big thank you for making Matilda feel better. Very caring service.

**Jo:** I'm very impressed with this hospital, it is clean, bright, modern and very functional. The staff and superb, caring and attentive. Compared to our local hospital (The Royal Gwent Newport) this hospital in Gloucester feels like we have gone private!

**Mark:** I was brought in 2 wks ago. And been treated extremely well. The food has been amazing considering what I had heard. The Doctors have been nothing short of fantastic. And the Nurses and other staff that keeps ward 5B running perfect.

These are my unsung heroes. Caring and going above there call of duty day after day. Putting up with ungrateful people and being professional at all times. They have made my very uncomfortable stay bearable. They have been there for me 24/7. I can't say thank you enough. So I give you a MASSIVE THANK YOU for everything you have done.

*"All in all our NHS is the best thing in this country"*

**Jenny:** Was in wards 7a, 7b, and 7c from last Tuesday until Saturday with a serious bout of pneumonia, I cannot fault the staff from the specialists to the lovely lady who brought the many cups of tea around. All the people I encountered were always very pleasant and wanted to please. Special thanks to the ward nurse Marta who never seemed to stop working yet was never too busy to talk to you or comfort a patient who was not feeling too well.

I enjoyed all the food very much as well. All in all our NHS is the best thing in this country and anyone who knocks it doesn't deserve to be treated when they fall ill.

### NHS Choices:

**Matthew:** I was admitted yesterday with an ongoing heart issue (Atrial Flutter) and required a cardio version in June at Cheltenham General. I just wanted to say how pleased I was with my stay and how nice the staff were; in particular a Nurse on the **Acute Care Unit** ward, a Dr from **Acute Care Unit** who carried out my cardioversion and the anaesthetists who supported my cardioversion.

I was made to feel comfortable, in very safe hands, everything was explained very clearly to me and they all went about their jobs with a smile and humour. I would be grateful if the feedback could be passed onto them

**John:** When I settled in **Avening ward** it was lovely after a long day of tests. Staff were always friendly and treated people they were dealing with with respect this was very much in evidence with assistance with washing, toileting etc. The way the nurses chatted I almost forgot what was happening, and the food was excellent.

**Ernest:** I have just returned home from Hip Surgery and I am totally impressed with the care I have had prior, during and after the op. The professional and assistant care staff who looked after me on **Dixton Ward** were cheery, professional and outstanding in their care. WELL DONE Dixton Ward and the NHS... At a time when there is regular criticism of the Health Service, I for one will sing your praises!

**Sophie:** My husband and I used the **midwife-led birth unit at Gloucester** for the recent birth of our daughter and had an exceptionally brilliant experience. It was just a truly positive birth experience and I would highly recommend the centre to anyone.

## Focus on Diagnostic Radiology Physics

**In last month's article, we looked at an overview of the work of two of the Medical Physics departments, Radiotherapy Physics and the Oncology Workshop. This month, we are looking at Diagnostic Radiology Physics.**

The main purpose of this department is to provide services relating to radiation safety and to demonstrate compliance with key pieces of legislation including the Ionising Radiations Regulations 2017 (IRR 17) and Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER 17).

*"Quality assurance measurements and radiation surveys are provided by the team"*

The team provides quality assurance measurements and radiation surveys on diagnostic imaging equipment in the acute Trust and in the community. The imaging modalities that are supported include: general and dental x-ray, CT, MRI and ultrasound.

Measurements are required to assess the performance and operation of the equipment before the equipment is used for the first time and must continue over its lifetime until it is finally taken out of use. In addition to these planned periodic assessments, there is a significant amount of work relating to additional checks that are required after a piece of equipment has been repaired or adjusted by a service engineer.

The department also provides training services to trust staff who work with ionising or non-ionising radiation and the courses offered include IRR 17 and IR(ME)R 17 awareness, Radiation Protection Supervisor update, Laser Safety Awareness., MR Safety Awareness and Laser Safety Core of Knowledge. Also related to compliance with IRR 17 is the management of a personal radiation dosimetry service. Personal dosimetry badges are provided through an external contract with RRPPS and are issued to staff who work with ionising radiation.

Dr Tony Dix, Head of Medical Physics says: "Incidents involving the use of ionising radiation are investigated and if required reported to either the CQC or HSE.

"As part of the investigation we are required to contact the people involved and to request a reflective statement that considers why the incident occurred and what lessons can be learned."

As mentioned in the previous article, Trust appointments include Radiation Protection Advisor, Radioactive Waste Advisor, Laser Protection Advisor and MR Safety Advisor and these are all required to demonstrate compliance with legislation and to support external audit visits from regulatory bodies such as the CQC, HSE and the EA.

Radiation Protection Services are also provided to external private customers under the operating name of GlosRad. Private customers include, vets, dentists, schools, universities and equipment manufacturers and suppliers. The range of services provided include equipment QA, radiation

protection and radioactive waste management compliance audits, radiation protection surveys, advice on facility design and equipment purchase, personal radiation dosimetry and staff training.

Our Radiation Protection Advisers can provide advice, comments and recommendations in the following areas: compliance and current legislation, room design, layout and shielding, siting of equipment emitting ionising radiation, transport of radioactive materials, leakage testing of sealed sources, local rules and systems of work, investigation of incidents, personal monitoring, dosimetry and record keeping!

Tony continues: "Supplying these services to local external customers has the benefit of supporting staff development by providing opportunities for staff to get involved and experience a broader range of work and it also generates an income stream for the Trust."



Diagnostic Radiology Physics staff

### OUR STAFF: in their own words

**I became a nurse as I believed there was no greater profession than caregiving.**

**It is my privilege to be trusted by patients when they are most vulnerable and to be present at the best and worst times of people's lives is a honour I don't take lightly.**



## Staff stories: 29 years on Alstone

**In the 70th year of the NHS, it's inspiring to hear from the many members of staff who have put their heart and soul into caring for patients, so the team at *Outline* were delighted to hear from staff nurse Caroline McGowan.**

Caroline retired in May, having worked on Alstone Ward at Cheltenham since 1989, clocking up an amazing 29 years of service! It is quite unusual to have worked on the same ward without a significant break. Caroline told us:

*"When I was newly qualified and newly married, I walked into the pillars entrance at Cheltenham and asked for a job!"*

"When I was newly married, my husband and I, who were both newly qualified nurses, walked into the pillars entrance at Cheltenham and asked for a job... It really was that simple back then - I brought my certification with me and that was that!

"The person on duty told me that a new wing was opening called College Road Wing and asked me to choose a ward to work on. I chose Alstone Ward and I have been there ever since!

Alstone was the first exclusively elective orthopaedic ward and in 1989 it carried out similar types of operations as it does today. There were some key differences



Caroline McGowan

though, as Caroline went on to explain:

"Back in 1989, the minimum length of stay for a hip or knee replacement would have been two weeks, after which the patients would have started rehabilitation.

"Now, it's a very different matter, with patients staying just a few days, and they're looked after by a multidisciplinary team who get them up and mobile far more quickly than they used to.

Caroline went on to say that in some ways, you get to know the patients less

than in the old days, purely because the emphasis is on getting them home.

We wanted to know more about what had changed:

"I suppose there was a little more time to get to know patient in those days, but the ethos and the atmosphere of the ward is much the same.

"I loved the ward from the minute I started working there, I really do have a love of the place.

*"The student nurses are less green than they were when I started"*

On of the things that Caroline has most enjoyed in recent years is being the lead mentor for student nurses on the ward. She says: "The student nurses are less 'green' that they were when I started, they seem to know more about life and to be more savvy.

"I have really loved having contact with all the young nurses who are entering the profession, it's been a really rewarding and fascinating thing to do."

Caroline describes the ward as being run like a tight ship, with current Sister

Louise Wiggins who is only the third senior sister that she has worked with, having been there for twelve years.

Louise told us: "Caroline was an extremely dedicated Nurse who had worked on Alstone Ward since the ward opened.

"I always think a good team requires foundations to help build, support and grow. Caroline was one of those foundations, whose energy and passion complemented the ward enormously.

"A very well liked, supportive member of the team, Caroline was an active student mentor and enjoyed mothering all the students and supporting mentors on the ward. We will all miss her and wish her a long and healthy retirement."

Good luck to Caroline, and thank you for your dedication over the last 29 years.

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

### OUR STAFF: in their own words

**Being a nurse is a privilege, and something that I had always wanted, never anything else.**

**I have cherished being able to care for and support people at times of their lives when they need help the most.**

**Being a nurse is very special and a career that I would recommend to anyone**



## Staff stories: Never an average day as an RCA

**RCA stands for Radiographic Care Assistant and there are approximately 65-70 of them between CGH and GRH, with a handful working cross-site between both hospitals on a regular basis.**

Radiology and Imaging are a fundamental and essential service within the NHS; there are very few patients who come through the hospital system without requiring some sort of investigation that involves looking inside the body.

Many people are not aware of the RCA role within the Trust, so **Outline** spoke to RCA Debbie Tyree about her job. Debbie was recently involved in re-writing the RCA Job Description, so she was the ideal person to speak to about the job and what it entails.

*"I hope you will see from this interview what a diverse, challenging and rewarding role the RCA offers"*

Debbie says: "I hope you will see from this interview what a diverse, challenging and rewarding role the RCA offers, with plenty of ongoing support and encouragement from senior staff to develop personal skills and gain experience.

"We work alongside qualified Radiographers, Assistant Practitioners, Radiologists, Doctors, Nurses and our purpose is to support and assist during all patient procedures in order to enable



Debbie Tyree

smooth and efficient patient care.

"Our department deals with constantly increasing demand, but from the first step into their procedure, the patient is the priority and essence of care is paramount."

Debbie explains that personal development is actively encouraged and supported and that there is plenty of training and support on offer. She commented: "I have just completed my six-year appraisal and I still have to pinch myself each day and reflect on how much I have learnt and what skills, training and experiences have been afforded to me. Training is provided and competencies can be steadily achieved, but it really helps to be proactive."

Debbie clearly loves her job so we asked her a bit about what she did before:

"I applied for the job having seen it advertised on the vacancies board opposite the coffee shop in the Tower Block. I did

this the old fashioned way, by phone, then letter. None of the on-line application for me, as I didn't own a computer, let alone know how to turn one on! To be truthful, they terrified me as I didn't understand them and felt rather unemployable as a result... I felt really behind the times as I'm sure a lot of people my age did.

"I had worked for nine years as a school cook, supervisor and dinner lady, so computer skills were not high on my CV and I really lacked confidence. The job had been very convenient whilst my children were at school, but gradually I realised that I was destined to do something else but I had no idea what, I just knew that some part of me was ready to learn, be challenged and feel fulfilled on a personal and professional level."

*"My average day, refreshingly enough, is never average"*

Debbie continues: "My average day, refreshingly enough, is never average. I could be in the Interventional Radiology Theatre CGH assisting a Radiologist with procedures such as angiograms and stenting or I could be in CT cross-site, cannulating and preparing patients for a variety of scans. On another day, I could be in Room 4 at CGH, assisting with a nephrostomy or Room 8 at GRH preparing biopsy or drainage trolleys and assisting with the procedures.

"I have so many reflections over the last six years that mean so much to me, which confirms why I love my position so much, that it's hard to focus on just one!

"The sense of fulfilment is amazing - when you have assisted with wires and catheters that have returned the blood flow to a foot of a patient who otherwise would have to

## RCA tasks include:

- Liaising with wards, arranging in-patient appointments.
- Co-ordinating and securing safe transfer of patients to and from the imaging department.
- Completing patient observations and recognising deterioration.
- Detailing and understanding patient information on the computer system.
- Understanding and respecting patient confidentiality.
- Preparing patient for specific examinations.
- Preparation of equipment and machinery required for examination.
- Maintaining clean and efficient clinical areas.
- Intravenous cannulation of patients requiring contrast for more detailed scans.

have experienced an amputation, or when you have chatted to an anxious cancer patient whilst cannulating them, ready for their most recent cancer staging scan, or even simply collecting a patient to have a post op x-ray that means by later that day they will be able to go home - these are all the reasons why I believe I have one of the best roles at the hospitals."

# Health & wellbeing: For staff and patients

## Children's diabetes camp

**The children's diabetes team from Gloucestershire Royal Hospital ran our first-ever Diabetes Camp in Ross-on-Wye in April and organisers are thanking everyone for giving up their time to support the event.**

22 children with type one diabetes between the ages of 8 and 12 attended, with 6 resident staff and additional staff members as daytime volunteers to support the event.

*"The aim of the camp was to empower children and young people"*

The aim of the camp was to empower children and young people to self-manage their diabetes by supporting them to be independent, manage different eating patterns and participating in lots of different activities. Our team's aim was to encourage children to talk to one another about their diabetes and realise they are not alone with the ups and downs that can be associated with any type of medical condition.

Paediatric Team Leader Raphaella Rookes explains: "We had a brilliant weekend (staff and children) and our first paediatric diabetes camp was definitely a success. We had six residential staff along with day helpers too. At the end of the weekend we asked children and parents to complete evaluation forms – all of which were very positive. I really want to thank the staff for giving up their time for such a valuable cause."



## Meet & greet for under 5s

**Our Paediatric Diabetes Service is organising a 'meet and greet' event for parents of children with Type 1 diabetes under the age of five in Gloucester**

The event in July is a long-awaited opportunity for parents to chat with other carers of young children with Type 1 diabetes and share their experiences. Staff will also be available

to answer questions from patients.

The number of very young patients with type 1 diabetes, a lifelong condition, is rising sharply, so it is hoped that the event will be the first of many aimed at connecting parents and children with each other.

For details, see the events section of our Facebook pages.

## Pedal for 7

**In June, we saw a group of cyclists pass through the county as part of 'Pedal for 7', a drive from company, Novo Nordisk, to inspire and empower people living with diabetes.**

Team Novo Nordisk, the world's first all-diabetes professional cycling team did the week-long tour in aid of Diabetes Week, which took place between 11 and 17 June. Beginning in Sunderland, the riders completed a 553 mile tour of UK towns and cities including Masham, Rochdale, Stoke-on-Trent, Worcester, Newport (south Wales), Newbury, Reading and Oxford.

Now in its second year, Pedal for 7 is so called due to its mission to inspire people living with diabetes to use exercise as a tool to help them meet advised targets for their HbA1C levels. The team were joined by healthcare professionals and people living



with diabetes along their route, and riders visited GRH in a bid to raise awareness of the condition, which has reached epidemic proportions in the UK with 3.7 million people now diagnosed. Here in Gloucestershire, 34,395 adults live with the condition.

## Health & wellbeing: For staff and patients

### Love activity!

**This great countywide campaign, which is supported by all the NHS Trusts in the county, has a week of packed activities in the first week of July**

The timetable of activities will offer staff across the county great discounts for a huge range of classes and other activity ideas.

*"The campaign encourage colleagues to up their activity levels"*

The campaign encourage colleagues to up their activity levels by doing things they enjoy in order to promote their physical health and wellbeing.

The initiative was originally developed by the Chartered Society of Physiotherapy



to help motivate and inspire people to do more of what they love when it comes to physical activity.

### OUR PATIENTS: in their own words

When my world began to unravel following my diagnosis, my CNS was there for me - little did I know how valuable her help would be and how lucky I was to have such a supportive nurse specialist.

She genuinely cares, and nothing was too much trouble; she has been a rock throughout my journey.



## Our great AHCA's

**Six of our Apprentice HCAs undertook their End Point Assessment at the end of May with great success.**

These apprentices were part of the first cohort that undertook the new Standards of the Healthcare Support Worker and was a new journey for them and the Lifelong Learning Team.

*"They will hopefully go on to help and mentor future apprentices"*

Our Lifelong Learning Team's Lisa Ferris says the team is really proud of their achievement:

"All six achieved Distinction in their multiple choice questions and went on to have an observation within their clinical area of around 90 minutes and then a

profession discussion of up to an hour.

"They also had to submit a portfolio of evidence detailing what the apprentice had achieved during the apprenticeship covering communication, health interventions, personal and people development and health, safety and security.

"Although challenging and a constant learning curve, the Apprentices have proven their skill, knowledge and commitment to the apprenticeship and our Trust. They are all going on to Band 2 posts and will hopefully go on to help and mentor future apprentices within their clinical areas."

Our congratulations goes to Holly Faulkner (Gallery), Emily Herbert (Theatres, GRH), Charlotte Jackson (4B), Chloe Pugh (Chedworth/Kemerton) and Hayley Ralley (Theatres, CGH).

## Parkrun celebrates NHS70

**Colleagues from NHS Trusts across the county joined parkrunners at Kingsway, in Gloucester, on 9 June to celebrate the 70th anniversary of the NHS.** The event had an NHS70 theme, from the bunting along the

finish line to the cakes and treats for the runners to enjoy afterwards.

Runners were encouraged to fill in a post it note with a thank you message for NHS colleagues across the county.



## Our charity

### Raise a cuppa to celebrate the NHS

The NHS Big 7Tea is a chance for people up and down the country to come together and celebrate 70 years of the NHS. And what better way to do this than with a cup of tea?

This summer people from across the UK will be holding their own tea party events for their local hospitals charities, and in Gloucestershire you can get behind Cheltenham and Gloucester Hospitals Charity by holding a 'Big7Tea'!

*"Supporters can hold an event any time this summer"*

You can host your own tea party and invite friends, family and colleagues along to mark the occasion, and give support to the vital work of NHS charities. Supporters can hold an event at any time this summer, and can even choose the 70th anniversary date itself on 5th July 2018

Richard Smith, Head of Fundraising: "Tea brings us all together, and the NHS Big7Tea is a great way to get together with friends, family or workmates and get behind your local hospitals.

"You can download invitation cards, posters and even selfie props to help you organise your party. We can't wait to hear about the events our supporters organise! Every penny raised will make a



very real difference for our patients."

- To create your own online Big 7Tea page today visit <http://uk.virginmoneygiving.com/fund/NHSBig7Tea> and click on 'start fundraising'
- Cheltenham and Gloucester Hospitals Charity is proud to be a part of NHS Charities Together which is organising the Big 7Tea, visit their website [www.nhsbig7tea.co.uk](http://www.nhsbig7tea.co.uk) and search for 'Cheltenham and Gloucester Hospitals Charity' to download information.

### Walk for wards

Hospital patients, staff and the local community will walk together to raise money for their local hospitals at our fourth annual Walk for Wards on Sunday 7th October 2018, 10am.

Participants can decide which ward or area of the hospitals will directly benefit from their support, raising funds which will provide extra care and equipment over and above that provided by the NHS.

*"It was fantastic to walk in a beautiful setting and raise funds"*

Gemma took part last year, and says: "It was fantastic to walk in a beautiful setting, and raising funds was a perfect way to say thank you to the ward team who had given incredible care to my family. I even got to pop in to the ward and see the Rise and Recline Chair I funded first-hand!"

The event will take place at scenic Cirencester Park and walkers can choose a 3km or full 10km challenge. The family friendly shorter route gives supporters of all abilities the chance to join in, and dogs are also welcome. Refreshments will be provided for all walkers and The Metz Big Band will perform on arrival and at the end of the walk.

Last year's walk raised over £10,000 for wards across the hospitals, funding equipment which benefits a wide range



of patients from people fighting cancer to stroke and heart patients, and new babies through our Maternity Fund.

#### Join us to make a difference to your hospitals

The walk is free to enter and participants are asked to raise a minimum of £20 sponsorship and register in advance by emailing [ghn-tr.fundraising@nhs.net](mailto:ghn-tr.fundraising@nhs.net) or calling 0300 422 6738.

An online fundraising page can be set up by visiting our giving page

## Our charity

### New research funding appeal

**This summer Focus is raising funds to kickstart a research study which has the potential to make a real impact for the many people who are undergoing diagnosis for Thyroid Cancer, both in the local area and across the UK.**

It has recently been predicted that 1 in 2 of us will experience cancer in our lifetime, but the potential to treat cancer patients successfully is improving year on year thanks to advances in treatment and a focus on early diagnosis; and our dedicated research team have a strong track record of identifying new techniques which can benefit cancer patients.

*"Specially developed fibre-optic probes can target tissue below the skin"*

Using specially developed fibre-optic probes which can target tissue below the skin, the research team have previously demonstrated that it is possible to tell the difference between healthy and cancerous tissue by measuring the light emitted when a low power laser is shone upon the tissue; a technique called Raman spectroscopy.

This study will develop the diagnostic technique further and demonstrate the potential to benefit people with thyroid cancer, who are often



aged in their 30's or 40's.

This technique has the potential to bring huge advantages over traditional methods:

- › An instant diagnosis: rather than the time a delay of days caused by analysing a biopsy in laboratories, an 'optical biopsy' can be taken to diagnose cancer with highly accurate results within 2 seconds
- › Eliminating the need for unnecessary surgery: in many patients it is not currently possible to diagnose thyroid cancer without surgery to remove the thyroid nodule, which is performed under general anaesthetic and usually necessitates an overnight stay in hospital. This technique has the potential to give diagnosis without the need for surgery
- › A better experience for patients: Many patients experience weakness of their vocal cords following surgery, but this

less invasive approach to diagnosis is expected to have little if any side effects.

With early detection a key factor in the successful treatment of cancer, this technique has real potential to improve the speed of diagnosis and treatment for future cancer patients.

To fund this research study we need to raise £12,000, with £6,000 already secured. We will be grateful for all donations, and will share the results of our study with our supporters when completed.

#### How new cancer research is making a difference

Donations to our Focus Research Fund help us to offer new research trials to local patients like Malcolm Justice.

A diagnosis of cancer turned life upside down for Malcolm and his family; but taking part in a research trial meant they could once again look to the future. Malcolm says:

"After an operation to remove a kidney, I was told I had terminal cancer 4 years ago, with a prognosis of only 1 to 2 years to live and no treatment to possibly change this outcome. I had a hospital acquired infection and was so very ill that I wished I could die there and then.

"I was asked if I would be prepared to travel to Cheltenham from Ludlow periodically, where the Oncology department would keep a watchful eye on the development of my terminal cancer, but no treatment. I agreed.

"After a few months, I was surprised

when the Oncologist asked if I would be prepared to take part in a Drug Trial. With nothing to lose, I readily agreed. The first, then second years passed, and with them the depression and hopelessness have gone and been replaced with a life being lived optimistically day by day.

Audrey Justice adds: "Taking part in the trial has changed the way we think about the future; Instead of a black cloud we now have optimism. The team in the Cancer Centre have been incredible, from the porters to the nurses and consultants, everybody has been so friendly and welcoming."

**focus**  
supporting local cancer care

## Chest Fund donation

**We'd like to show our appreciation to a local charity who has donated life-saving equipment to our hospitals.**

The Gloucestershire Chest Fund has kindly donated 6 non-invasive ventilators. Willie Carson OBE, President of the Chest Fund whose own mum benefited from a non-invasive ventilator a few years ago, formally presented the machines to Specialty Director and Matron Eve Olivant and Consultant Physician Dr Ananthakrishnan Raghuram at a ceremony at Gloucestershire Royal Hospital last week.

The charity, which has previously donated equipment such as the endobronchial ultrasound (£107,278) and pleural ultrasound (£19,252) and thoracoscope (£32,900), has also been supporting research and established bursaries for nurses and



physiologists to attend courses and training.

Following the event, Dr Ananthakrishnan Raghuram said: "We are extremely grateful to the Gloucestershire Chest fund for this amazing life saving equipment which will benefit over 300 patients each year in the county."

## Annual members meeting

**Our Annual Members' Meeting (AMM) is an opportunity for you to learn more about your NHS hospitals, hear about the progress that has been achieved in the last year and to look ahead at the plans for the future.**

**This year's AMM will take place in Redwood Education Centre on Thursday 20 September 2018, 5.30pm for 6pm start – 7.15pm.**

Hospitals are about people and in particular patients. At this year's AMM we want to demonstrate how patient care is at the heart of everything that we do. Therefore the AMM will feature some of the clinical improvements made at our hospitals this

year and will be told by a senior clinician. Full details are being developed and will be shared in due course.

The AMM will be led by our Chair Peter Lachecki and by the supporting Executive Team and will include reflections on the previous year and challenges ahead, an overview of financial performance and a presentation from our Lead Governor. Questions will also be taken from the floor.

Attendance is by reservation on a first-come first-served basis. Therefore if you would like to attend, please email the Trust Secretary Natasha Judge on [natashia.judge@nhs.net](mailto:natashia.judge@nhs.net) or by calling 0300 422 2932.



### The big picture

Wing Walker:  
Dr Elyan takes to the skies for Hope for Tomorrow.

@gloshospitals this is a massive, massive thank you for looking after my dad. He's had wonderful care from diagnosis to discharge (which will hopefully be tomorrow). You are all angels of the NHS and we love you x

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Jess, Twitter, 28 May 2018