

# Involve

SEPTEMBER–OCTOBER EDITION 2018

## Ready, Steady...

Being CQC ready,  
every day!

MORE DETAILS ON P4 



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# Message from Deborah Lee



## The beginning of the autumn has been dominated by our preparations for the Care Quality Commission (CQC) inspection and we have never looked in such good shape!

After a nail-biting couple of weeks, the CQC inspectors finally arrived to undertake the first of three inspections. The first one was unannounced and aimed at inspecting our core clinical services and as such, inspectors spent four days visiting services and talking to staff at our two main hospital sites. The themes at the end of each day were very consistent and Chief Nurse, Steve Hams and I were both relieved that at no time did the Chief Inspector make that dreaded call to say that they had found something of 'serious concern'. There was lots of very positive feedback over the week; they described staff as engaged, caring and proud; they talked about leaders at every level being visible and empowering and, perhaps best of all, they described our approach to quality improvement as 'as good as they had ever seen' with staff, wherever they went, recounting the improvement projects they had done, or were doing, with the support of GSQIA, our quality academy.

They also observed that aside from the formal GQSIA work, staff were generally focused on learning and improvement and almost all were able to describe their aspirations for services, or their own 'journey to outstanding'. Inevitably, there was some

feedback where practice wasn't as it should be and some of this was frustratingly in the own-goal territory such as fridge temperatures and troublesome doors but, on the whole, I am feeling like one very proud and very grateful CEO! There are still two more stages of the overall inspection to go and it is likely to be the New Year before we get the final 'scores on the doors', so more nail biting ahead.

*"They described staff as engaged, caring and proud"*

Regular readers will know that improving our performance against the cancer targets has been a focus for the last few months. Encouragingly, the most recent data shows that our 62 day performance is now better or equal to the cancer alliance average in 75% of cancer pathways, with lung, one of our historically poorest performing pathways, now achieving an impressive 91.7% against the 86% standard – a massive 25% better than the cancer alliance average. This has been achieved through the efforts of staff to redesign care and with regard to lung, the willingness of our radiologists and radiographers to work differently. Urology continues to be our most challenged cancer pathway again plagued by unexpected consultant sickness but under Mr Jonathon Eaton's leadership, there are some positive plans afoot, including additional consultant staff and a new clinic area. At long last, we are now firmly on our way to delivering cancer standards



for the first time in several years. A huge thanks to all those that have contributed to this tremendous improvement, not least as it has been achieved with the context of significant increases in demand. It has been a simply outstanding performance from all concerned.

*"This pilot has become the way we do things on Ward 3A"*

Such has been my enthusiasm for the work that staff working in trauma services have been doing in relation to hip fracture care that I have been accused of favouritism by some! However, I make no apologies for singing the praises of the team once again following their national award for their work on nutrition and hydration. Through the national Scaling Up Project the team very quickly lighted upon the overwhelming evidence for improving mortality and morbidity in patients with a hip fracture through paying attention to patients' hydration and nutrition. Of particular note throughout the project has been the role that passionate leaders play when

introducing and embedding change and thanks especially go to four great leaders for their contribution to this success in the guise of Consultant Pete Kempshall, Matron Di Thomas, Sister Emma Ashcroft and HCA Lorraine Cruz-Mendoza. Most importantly however, is that this 'pilot' is now the way we do things on Ward 3A with two Band 3 Nutrition Support Enhanced Care Practitioners ensuring that everyone from ward staff through to patients and family members understands the importance of hydration and nutrition in this and other trauma pathways. In case you missed it the last time I shouted from the roof tops, hip fracture mortality in Gloucestershire Hospitals has dropped from 10.5% in January 2016 to 4.5% to date – the equivalent of an extra 27 lives per year saved!

I recently had a foray into our local Health & Care Overview and Scrutiny Committee (HCOSC) to lend moral support to colleagues presenting a proposal for revising the way in which Gastroenterology services will be delivered this winter. This change is a pilot to test whether the theoretical benefits of co-locating the

*Continued on next page ▶*

## Message from Deborah Lee

majority of gastroenterology care on the Cheltenham site delivers the benefits we believe it will. The HCOSC was wholly supportive and, by the time Dr Ian Shaw had finished espousing the benefits for patients, there was stunned silence – not something you encounter every day in such settings. I am aware that on occasion, in our laudable haste to drive change, we do not always involve the teams affected in the planning and implementation of these changes; understandably, this can leave colleagues feeling ignored and undervalued; as a result, the Executive Team spent time at their recent away day working with the author of a book called Implementing Rapid Change looking at how we can remain agile and responsive but also inclusive when it comes to implementing change.

*"We know that one of the biggest challenges facings us is staffing"*

We know that one of the biggest challenges facings us is staffing and particularly the time it takes to recruit and 'on board' a new member of staff following the resignation of an outgoing member or the establishment of a new post. Our Director of People, Emma Wood made recruitment one of her earliest priorities and has 'revamped' the way in which we recruit new staff. The team has recently gone from 'on boarding' an average of 52 staff per month last year to a staggering 114 per month on average and a staggering 200 in September which means that staff are not only able to join us sooner but are

less likely to drift off to other employers when an alternative offer comes in.

I mentioned to colleagues earlier this year that I intended to explore the exciting possibility of the Trust acquiring University Hospitals status, reflecting our increasing success in delivering the tripartite vision of teaching, research and care delivery alongside and in an increasingly integrated fashion. We have now commenced the first stage of the application process with a stock take of our current position against the eligibility criteria for becoming a member of the Association of UK University Hospitals (AUKUH) and will be commencing dialogue shortly.

There was much sadness in September when colleagues heard of the untimely death of Christine Mills MBE, founder of the local Gloucestershire charity Hope for Tomorrow. Christine founded the charity in memory of her beloved husband David, who lost his life to cancer. Our Medical Director Dr Sean Elyan has been very closely involved in the charity and in 2006 came up with the idea of taking cancer care closer to patients homes and this was achieved just a year later when the first mobile chemotherapy unit in the world was launched in 2007 in Gloucestershire. Since that time the charity has gone from strength to strength and there are now multiple mobile chemotherapy units across the country all running in partnership with the NHS, modelled on the Gloucestershire initiative. These units reduce travelling for patients, allowing them to have more precious time with their families and friends. This model of care has been nationally recognised receiving the Queen's Award for Enterprise Innovation



in 2016. Sadly, Christine herself developed cancer two years ago and throughout her treatment she continued to show the energy, fortitude, vision and compassion that were the very essence of this extraordinary woman. Her legacy is the charity Hope for Tomorrow and the innumerable patients and families who have been helped by Christine.

*"It seems extraordinary that we can see true poverty on the streets of our towns and cities"*

On an unseasonably warm night in October, myself, our Chair and 68 others spent the night under the stars to raise money for Caring For Communities and People (CCP), the local charity dedicated to supported those who find themselves affected by homelessness. It seems extraordinary that despite breathtaking advances in technology, wealth accumulation and being the 5th largest world economy, any of us can walk the streets of our Spa Town and historic Cathedral City and see and touch poverty, men and women sleeping in bags in doorways, begging for a bit of change. Thanks to the generosity of friends and

colleagues, I raised £2,500 for this important cause. As a result of the group fundraising effort (which raised over £40,000), every rough sleeper in the county will be able to access food, warmth and shelter through the winter months – truly amazing.

As we move towards the presentation of our staff awards at the end of November, the Trust Leadership Team was tasked with selecting a candidate to be awarded this year's Lifetime Achievement Award. This year, we broke with tradition and asked for suggestions and votes from our senior teams and received a number of excellent nominations. The candidates who received the greatest number of nominations were Sue Thomas, senior Finance Manager, Sandra Attwood, Matron and Staff Governor, General Manager Annette Achaiah, Dhushy Mahendran, Chief of Service and Julie Hapeshi, Head of Research – all excellent candidates and congratulations to all of them. The winning candidate, however, was Dr Ian Donald who has made an enormous contribution to the health of older people in our county and whose dedication to the wider Trust and to his colleagues was mentioned by all those who nominated him. I look forward to welcoming him to the stage at this year's ceremony to receive his much deserved award (although that doesn't mean it's time to retire Ian!).

# Construction partner appointed

**Following the announcement in March this year that Cheltenham General and Gloucestershire Royal Hospitals had successfully bid for £39.5m of capital funding to modernise hospital buildings and transform services, we are pleased to announce that Kier will be our partner for this project.**

The money, awarded by NHS England and allocated under the Gloucestershire Sustainability and Transformation Partnership (STP), will be used to develop the next generation of care at the county's two main acute hospitals.

The money will be used to improve acute care facilities at the Gloucestershire Royal Hospital and replace outdated ward environments, whilst at Cheltenham General Hospital the investment will support the development of theatre and day surgery facilities.

*"Our staff are at the heart of this initial concept work"*

We are now working with healthcare planners to establish more detailed plans and our staff at are the heart of this initial concept work. We look forward to inviting patients and members of the public to inform the detail of these plans as they develop.



Deborah Lee, Chief Executive of Gloucestershire Hospitals NHS Foundation Trust, said:

"We are delighted to be working with Kier on this exciting project; they have considerable experience of working with public sector partners to deliver innovative solutions and I am confident that with their help, this investment will ensure both our hospitals are increasingly well placed to deliver the very best care for our patients and support our developing vision for Centres of Excellence".

"Kier is also characterised by its responsible approach to the environment and realising the benefits such projects afford us to engage with, and positively impact upon, local communities through opportunities such as employment, training and education."



Ben Ramsay, operations director at Kier, commented:

"Kier is delighted to have been chosen by Gloucestershire Hospitals NHS Foundation Trust to deliver such an important healthcare development programme for the region, under the P22 framework.

*"We understand this programme of building modernisation is vital to underpin service transformation"*

"We understand this programme of building modernisation is vital to underpin important service transformation at both Cheltenham General and Gloucestershire Royal Hospitals.

We're looking forward to working with the Gloucestershire supply chain and local community to provide many employment opportunities and create a number of

new jobs in the upcoming years.

"It also presents a great opportunity to support Shaping Your World™, an industry-wide campaign to inspire 11-15 year-olds to pursue careers in the built environment."

No fixed date has been placed on when building work will start or finish.

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.

# GSQIA: An appetite for improvement

**The aim of our Gloucestershire Safety & Quality Improvement Academy (GSQIA) is to provide support, guidance and facilitation in improving the quality of our services and to enable teams to sustain changes by providing them with the knowledge, resources and tools needed to do so.**

GSQIA offers support for our staff, through their courses, providing our students with the knowledge, the skills, the opportunity and the support to contribute to patient safety and to make practical improvements to the way we provide care in our hospitals.

*"We have supported QI collaborations such as Better Births in Maternity and our Theatre Never Events programme"*

Our Academy has been shortlisted for two HSJ Awards, has trained 1,591 of our staff at bronze level and supported 89 quality improvement projects since the Academy was launched in 2015. In addition we have supported QI collaborations such as Better Births in Maternity and our Theatre Never Events programme as well as national programmes such as Falls and Pressure Ulcer reduction.

These are just a couple of examples of recent QI projects that are making a real difference for our patients:

## **An appetite for improvement**

A bloodstream infection (BSI) is a recognised risk associated with parenteral nutrition (PN) administered via a central venous catheter (CVC). It can be life-threatening, leads to an extended hospital stay and, for patients reliant on PN, it can mean 7-14 days without nutrition. NICE estimate that the cost of each catheter-related BSI is £9,000.

The multidisciplinary team is led by Nutrition Support Team Specialist Nurse Margaret Collins and includes nurses from across each site. These include dietitians and an Infection Control team specialist nurse. The project is aimed at reducing the incidence of BSI associated with a CVC in patients receiving PN in an adult ward by 50% by the end of 2018 and the team is well on track for this at the end of July when they reported a 49.6% reduction in BSI rates.

The BSI rate is recorded each month and the number of days of PN administered each month is used as a balancing measure to allow fair comparison of monthly BSI rates. A Root Cause Analysis tool (RCA) was developed to investigate each BSI. Findings from each RCA were reported to the relevant ward manager to highlight areas which could be improved and guide action planning on the ward. The most commonly occurring factors from the RCAs showed the multidisciplinary team where improvement ideas should be focused.

Pop-up ward based teaching sessions for nursing staff were used to highlight the risk factors for patients developing a BSI and clarify best practice for management of CVC and PN. Margaret worked with the Vascular Access team to change the type of CVC used for PN to one which reduces the risk of infection. In a small number of patients who required PN for more than 28 days, the use of a protective cleaning cap on the CVC was trialled.

*"Margaret worked with the Vascular Access team to change the type of CVC used"*

Our Director of Safety Andrew Seaton was really impressed with the way the project was developed by our clinical team:

*"For me, the strength of this improvement is because it was identified by the clinical staff. They identified the problem and found the solution and this has enormous clinical safety benefits as well as operational benefits and improves safety for the patient we judged it on the project."*



Margaret Collins

# GSQIA: Safer critical care

## Over the last four years, we have seen an increase in violence and aggression from patients against staff in our Critical Care Department.

Our Critical Care Sisters Deborah Elliott and Sarah Mather and Staff Nurse Emma Price worked together to improve the way we manage patients with complex needs.

Deborah explains: “The severity of injury to staff has had both physical and emotional impact. We realised that as a team we were reactive in our approach to these patients and not fully aware of the patient’s full mental and social history before planning their care.

“We identified a recurring theme where this vulnerable group have often experienced difference kinds of abuse and have grown up in a world where violence is used to express and protect themselves.

*“This vulnerable group have often experienced difference kinds of abuse”*

“These patients can suffer from mental health problems, suicide attempts, recreational drug use and abuse of alcohol. Due to the difficulty of managing these patients they can stay longer than other patients, often causing injuries to themselves, our staff as well as damaging equipment and the hospital environment”.

Working alongside the Academy, the team developed a patient screening tool, intervention risk assessments, management guidelines, training and a process to document and discuss patient risk at team safety meetings.

Starting with a pilot, the documents were tested and feedback from colleagues was incorporated in a revision of those documents. Staff were asked to complete a questionnaire relating to their experience of violence and aggression and were asked for solutions to the problem and a bespoke ‘safe holding’ training session.

*“Staff were asked to complete a questionnaire relating to their experience of violence and aggression”*

As a result of the trial we have also implemented management guidelines for the high risk patient with mental health and substance abuse, an environmental and staff safety checklist, an approach to patient management whilst sedated, before and post extubation, an action card for restraining, a self-discharge decision tree, a patient-specific violence and aggression risk assessment and also devised a training matrix and educational plan for all DCC staff.

As a result our staff feel empowered and supported in the care of these complex patients. The project and documentation raises awareness, promotes best practice



and discussion with the whole team and has been effective, not only in improving staff safety but also improving the journey of this vulnerable patient group.

At the time of reporting, the Critical Care team have not had any Datix reports relating to violence and aggression

since the project was implemented.

## CANCER INSIGHT: SUPPORTING OUR PATIENTS

# Cancer information hub opens at GRH

## On Monday 22 October British actress Emma Samms MBE officially launched a new cancer support service at Gloucestershire Royal Hospital.

The Macmillan information hub, developed in partnership, is the first service of its kind for the hospital, and offers a friendly environment in the main atrium for patients and their families, friends or carers to access a comprehensive range of information and support. It also features a private consultation area.

*"Anyone with questions about cancer can visit the hub at Gloucestershire Royal Hospital"*

Emma Samms MBE said: "We all know someone who's been affected by cancer, and I have seen how frustrating it can be for a loved one when they're left with more questions than answers. What does chemotherapy involve? What's the risk? What do I do when treatment's finished?"

"But now, anyone with questions about cancer coming to Gloucestershire Royal Hospital will have a place to go where they can drop in without an appointment and receive friendly advice from trained experts."

Paul Ilott, 63, from Cheltenham, was diagnosed with thyroid cancer in 2009 and will be volunteering with the Macmillan hub.

Paul said: "The hub exists to give you information on a non-clinical level, not like a doctor or a nurse. I've decided to volunteer with the Macmillan hub because I've been there so many times and I can help. When you've never experienced cancer, you think all the difficulties you're facing are unique to you and a first. Whilst everyone experiences cancer in their own way, most of the time the problems you're facing are perfectly common ones, and that's where the hub comes in.

"Now 10 of us in our family have gone through cancer – my wife was diagnosed with cervical cancer in 1984, and I was diagnosed with thyroid cancer in 2009. Once you leave the hospital after treatment there's nothing afterwards – nothing to do and nowhere to go except worry. The hub wasn't around when we went through it and it would have made a big difference to us, so it's such great news that it's here now, just because there's now information and support where there wasn't before."

The service will help people affected by cancer navigate the complex process of being diagnosed with and treated for cancer, and cope with the impact it has on someone's life. The information on hand will feature everything from treatment options and managing symptoms to advice on financial support if cancer stops you from working.

Catherine North, Fundraising Manager at Macmillan Cancer Support, said: "Macmillan has put forward over £157,000

to fund the service, which has covered the cost of the information hub as well as a Macmillan hub manager for three years. They will be on hand to offer advice and can signpost to a range of local health, social and support services."

With around 5760 people diagnosed with cancer every year in Gloucestershire, access to information is becoming increasingly important. Providing cancer information and support can make a real difference to a person's quality of life by helping them make decisions about their treatment and care and improving their ability to manage life with cancer.

The event was also attended by our Chief Executive and many of our specialist cancer nurses, all of whom are delighted to see this new service providing additional support for patients.



### #cancerinsight

**I am in the middle of chemotherapy treatment, and had suffered a dramatic drop in blood pressure and white blood cell count.**

**From the moment I arrived until I left the staff who looked after me – nurses, volunteers and doctors – were absolutely wonderful. They gave each of us as much individual attention as we each needed; it felt highly personalised and concerned for our wellbeing and recovery.**

**NHS Choices feedback, September 2018**



# Managing substance abuse

## Ward staff report how difficult it is to manage challenging behaviour of patients with history of substance abuse, be it drugs or alcohol and this is why we have trialled a new approach to managing these patients.

Ward manager Cath Butler has liaised with numerous individuals, clinical and support teams and external multi-disciplinary colleagues.

Cath has developed care plans for managing these patients which she has trialled on Hazleton and Ward 7A as she explains:

"I was looking at how we could manage patients with alcoholic dependency and substance misuse.

"I put together a contract for the patients to sign; it is so staff everywhere can manage. The contract will be signed by the patient and the copy put in the patients notes, the other given to the patient.

*"The plan is for all wards to use it to support and manage these patients"*

"The plan is now to go to all wards so staff everywhere can support and manage these patients. It will be introduced into training too and available through an order code through our print supplier."

Cath has been shortlisted for the Safety and Quality Staff Award by Sister Annie Elyan and others. Annie explains why:

"Real clinical difficulties come when staff assess that a patient might be using substances if leaving ward for short periods. It can difficult to challenge patients who may be unpredictable, addicted, denying all knowledge. Yet staff identify potential impacts for patient, other patients, relatives and staff.

"For two years, Cath, with her commitment to safety, using her clinical knowledge, deep personal strength, calmness, courage and inner drive, has developed and progressed care plans and advice for management and support of patients with known or suspected IVDU patient or detoxing from alcohol.

"Designed to be used on any ward so the patient gets the right specialist care, the introduction of a patient contract for the management of substance misuse has demonstrated, during trials that managing these patients is calmer, collaborative and respectful.

*"The next step is to access testing kits with the education and support of staff"*

"When any patient who has a history of substance abuse has capacity, a member of staff has a clear discussion about what they can expect from hospital team and what is expected of them while

they are in hospital. These are similar to Mental Health agreements. The next step is to access testing kits with the education and support of staff."

Cath is on the Violence and Aggression Group with Associate Chief Nurse Jon Burford (pictured) which was formed following a report undertaken for our HR team. It forms a part of the strategy to tackle Violence and aggression in our hospitals and to keep our patients and our staff safe.

Cath adds: "It allows patients and staff to agree on their treatment plans and goals."



Cath Butler

## Patients: in their own words

Outstanding service from Cheltenham healthcare professionals and Cheltenham General Hospital.

Unparalleled levels of support, from GP's at Leckhampton Surgery upwards.

We can't thank you enough for the amazing care you have provided for my husband.



# Positively speaking

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

## Facebook:

**Mazz:** Just wanted to say a huge thanks to the staff in A&E @ Cheltenham.... Ended up taking both sons at different times this week due to one rugby injury and one downhill biking injury... Both times the department was busy but we were seen, assessed and discharged within three hours for each visit, including xrays, and on our visit this evening, plastering of a double wrist fracture. Well done guys and thank you... from a fellow Cheltenham General staff member.

*"The care my baby and I have received has been outstanding"*

**Kay:** I would like to say a big thank you to Emma in ward 9a and all the other staff that made me comfortable whilst I had a little op. There must have been at least 20 staff that had a helping hand, receptionist, porters, doctors, nurses, surgeons and aftercare. All so cheery, chatting and polite. I was so overwhelmed by what these guys do day to day. Thank you all. Kay x

**Sarah:** Had my first baby this week and the care my baby and I have received at the women's centre has been outstanding. Staff are friendly and reassuring and have made my stay as comfortable as they could.

**Sally:** Just wanted to say thanks to ARU outpatients and Imaging 1 for two different appointments today and was in and out of both within half an hour each appointment. Well done for keeping to time, thank you.

**Carole:** Despite it being a manic Saturday night, A&E staff were really brilliant treating my relative following a bleed into the brain. The stroke unit staff where he is now, nothing is too much trouble. So grateful to everyone.

**Niki:** Very impressed with Cheltenham General yesterday. All staff were attentive and reassuring, it was clean and generally had a lovely atmosphere in the departments I was in. They were extremely thorough with pre and post assessment checks & discharge procedures. Thank you for looking after me!

## Twitter

**Gir:** On #AHPDay I would like to say thank you to Anne Weir @gloshospitals A great physio who has really helped me these past 8 months physically and mentally.

**Mike:** For the first time in years I've spent the past few days in an NHS hospital (Glos Royal Hosp)... I've been amazed, pleased and very grateful for the conscientious, hard working attitude of all the superb staff on Ward 2a (bay A) towards their very demanding job @gloshospitals

**Gill:** Amazing access, treatment and care for my son who was admitted to the Children's Centre yesterday evening @gloshospitals #superheroes

**Trish:** @gloshospitals not only is it a pleasure of working for Glos Royal but also had an experience of being an inpatient over the past few days and I must say the care I have received from our A&E staff, Ward 9A, theatre staff has been outstanding. Thank you all for your hard work.

**Cate:** Thanks to the wonderful Children's Centre staff @gloshospitals this poorly little chap had a positive overnight experience in hospital, which could easily have been frightening for him, and came home well and proud of himself. And his worried mummy was in good hands too. #NHS

*"Thanks to the wonderful Children's Centre staff this poorly chap had a positive experience in hospital"*

**Chris:** It's been the toughest week of my life but we have finally been allowed to bring Finley home, what a fighter, he's been so happy and proud. Special mention to @gloshospitals for their superb care of him, without them he would not be with us today.

## NHS Choices:

**Susan:** I should like to congratulate the staff who carried out by CT Scan. I was very impressed with the professionalism and respect in which they conducted the operation

I should not like their efforts to go unrecorded.



**Eric:** Earlier today I had a Gastroscopy which was carried out extremely efficiently. The staff, without exception, were friendly and worked hard to allay fear and make the whole process as pleasant as it could possibly be. Today was the third time I have visited the suite and the standard of care on each visit has been excellent.

**GH:** I came in as a last minute cancellation patient to the Day Surgery Unit feeling very very nervous. I had not been an inpatient before or had an operation. I was put in to the care of the lovely S/N who was my nurse for the day. Nothing was too much trouble for her and she took me through everything and was very reassuring. The anaesthetist and her assistant Tori were fantastic and put me at my ease. The Registrar explained everything as did the Consultant. I cannot fault the care that I was given during the whole nine hours that I was in the Day Surgery Unit and I am very grateful to everyone involved in my care.

The vast majority of the comments we receive on social media are positive, and we try to feature as many as possible in these pages and throughout the magazine. If you've seen something great about your ward, do pass it to [gln-tr.comms@nhs.net](mailto:gln-tr.comms@nhs.net)

# OMF surgery in Cirencester

**Oral and Maxillofacial Surgery Consultant Daryl Godden worked alongside Head and Neck General Manager Annette Achaiah on a project which now sees patients for outpatient clinics and treatments including surgery under general anaesthetic in a solo operating theatre in Cirencester.**

The closure of the Orchard Day Surgery Unit in 2015 led to reduced capacity for the Oral and Maxillofacial Surgery team. A procedure room was created in Gloucestershire Royal Hospital's Day Surgery unit and is still used by the team, however a solution to allow the service to expand was found at the Cirencester Treatment Centre based at Cirencester Community Hospital.

*"Patients love coming to the unit and they tell us are always impressed with the quality of care"*

There are on average four theatre operating sessions a week in Cirencester as well as an outpatient clinic and a local anaesthetic list per day.

Oral and Maxillofacial Surgery Consultant Margaret Coyle performs a range of skin cancer surgery and Oral Surgery

Consultant Andi Beech are now the lead clinicians for the centre.

Unit Manager Helen Rossiter said: "We are so happy to be able to offer skin cancer, oral surgery and other maxillofacial procedures to the extended local community again. Patients love coming to the unit and they tell us are always impressed with the quality of care they receive."

*"We love seeing and treating patients here in Cirencester Treatment Centre"*

After some initial scepticism by patients when asked to travel to Cirencester rather than receiving treatment in Gloucestershire Royal and Cheltenham General Hospitals, the Unit has thrived and utilisation grown more and more as the months have gone on.

Andi Beech added: "We love seeing and treating patients here in Cirencester Treatment Centre. The patients' feedback has been consistently high with regular compliments on the bright and relaxed unit with friendly and caring staff plus the free parking!"

The team is now working on a plan to expand sessions in the unit and create a second consultation room.

The development of a 'One Stop Clinic' where patients are seen for their outpatient assessment appointment, pre-assessed and given a date for their surgery on the



same day is also close to implementation. Helen adds: "We hope to improve our patients' experience even more and use the unit to its full potential."

# Partial knee replacements

## We are one of the few Trusts in the UK that offer partial knee replacement surgery (unicompartmental replacement) as a day case.

The day case pathway was introduced twelve months ago in Gloucestershire by Consultant Orthopaedic Surgeon Mr Peter Kempshall and Consultant Anaesthetist Dr Leon Visser.

Mr Kempshall and Dr Visser had worked with other centres such as Oxford University Hospitals and Torbay and South Devon NHS Trust to bring best practice back for our patients.

*"The day case pathway was introduced twelve months ago in Gloucestershire"*

Working alongside a multi-disciplinary team of therapists, nurses, anaesthetists and surgeons in Cheltenham Elective Orthopaedic Unit, Mr Kempshall developed the day case pathway. He introduced state-of-the-art surgical techniques for the partial knee replacement and the latest methods of pain relief using ultrasound guided nerve blocks. This enables patients to mobilise early and be discharged the same day to recover at home. All partial knee replacements patients have benefitted from the new techniques, all with positive outcomes, as Mr Kempshall explains:

"Two hours after their operation, they can stand on it and walk on it with the aim of going home on the same day. Seven out of ten patients who have the day case pathway make it home the same day as their surgery. The remaining three out of ten go home the next day. We have seen such excellent results following the introduction of the pathway, that we now treat all patients who have a partial knee replacement with the day case techniques whether or not the plan is for day case discharge.

"We use an implant that the bone grows into, ideal for young patients who demand a lot from their knee. We are only replacing half the knee, so the rest is retained and you have a higher chance of getting to the point where you actually forget you have had a knee operation.

"We've used an ultra-modern technique, both surgical and anaesthetic, to be able to deliver this half knee replacement as a day case. Patients have a manageable level of pain, and are able to cope with the surgery and go home on the same day.

"The type of anaesthetic technique we have used to give pain relief at the time of the operation is new and evolving, due to the fact that we can use an ultrasound scan to numb the nerves that supply the knee specifically so patients can be up and around within two hours of their operation.

"The surface of the knee joint is replaced by metal with a plastic bearing in the middle to allow the movement. The advantage of the half-knee replacement is that you keep the majority of your own knee and ligaments,

so it feels like a more natural knee for you more often than a total knee replacement.

"After the operation, our patients are provided with a phone number they can call if they have any concerns or experience any problems. Our therapists phone the patient five days after the operation and they are then able to see me in clinic seven days after the operation rather than the normal six weeks.

*"We have adapted the pain relief take home pack to provide a higher level of pain relief for the first four days"*

"We have adapted the pain relief take home pack to provide a higher level of pain relief for the first four days following the procedure, which is then followed by conventional pain relief tablets.

"We are now being approached by other knee surgeons from other Trusts who are interested in emulating our work. Not only is it an efficient use of bed capacity for the hospital but people love it."



Peter Kempshall

## Patients: in their own words

The neonatal team were true angels when my daughter was born 8 weeks early, looking after us and her for her first 4 weeks. I will never forget them, the care and support we all received as a family was wonderful and without them our lives would have been a lot harder and I would have given up on breast feeding a lot sooner.

Truly amazing people, so when you leave your baby behind each evening which is the hardest thing to do, you know they are going to be well looked after by the most amazing team.

# Shining a light on cancer

## Our Biophotonics and Oncology teams are working together to diagnose thyroid cancer faster and earlier as part of a cutting-edge research study at Gloucestershire Hospitals.

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.

*"The potential to treat cancer patients successfully is improving year-on-year"*

The Raman Spectroscopy technique has been previously used tissue samples from our hospitals to identify lymphoma. Using specially developed fibre-optic probes which can target tissue below the skin, it is possible to differentiate between healthy and cancerous tissue by measuring the light emitted when a low power laser is shone upon the tissue.

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 and has the potential to help

people not only in Gloucestershire, but also across the UK and further afield.

Post-Doctoral Research Fellow Dr Alex Dudgeon has been working alongside Oncologist Mr Charlie Hall to prepare for start of the trial and is enthusiastic about the benefits for our patients:

"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.

"This technique has the potential to bring huge advantages over traditional methods as there is an instant diagnosis, it potentially eliminates the need for unnecessary surgery to take a biopsy for testing and as a result, there will be a much improved experience for patients."

*"The research study would not have been possible without the generosity of those who donated to the Focus charity over the summer"*

Our Biophotonics team has been recognised nationally for their innovative research and we are currently running over 100 clinical research trials at Cheltenham General and Gloucestershire Royal Hospitals.

The research study would not have been possible without the generosity of those who donated to the Focus charity over

the summer including crowd funding and generous donations from Gloucestershire Cricket. Over £12,000 was raised to enable us to bring the trial to our hospitals.

Alex adds: "We are so grateful for all the donations and the fundraising over the summer as this enables thyroid cancer patients to benefit from this new technique that would not ordinarily be available on the NHS. We look forward to sharing the results of the trial with our supporters around October 2019."



Alex Dudgeon

## Patients: in their own words

Big thank you Gloucestershire Royal Hospital Day Surgery Unit. I was so well looked after last Monday having got in for surgery as a cancellation.

From the Nurse onwards the care & compassion was amazing. The anaesthetist & her assistant Tori were fab & put me at my ease. Thank you to the Recovery team too, Kevin, Pav & Mark for looking after me.

Day Surgery Unit you are fabulous.

## HEALTH &amp; WELLBEING: FOR STAFF AND PATIENTS

# Restart a heart day

**To celebrate World Restart a Heart Day on 16 October, staff and members of the public were able to come down to Gloucestershire Royal Hospital to learn life-saving CPR on manikins.**

The event aimed to teach vital life-saving cardiopulmonary resuscitation (CPR) skills to anybody that wants to learn.

One of the most important factors that will determine whether someone will survive a cardiac arrest outside a hospital is a bystander performing cardiopulmonary resuscitation (CPR) early. That's why all the Resuscitation Councils around the world united behind this common vision of teaching as many people as possible vital life-saving CPR skills. It doesn't take long to learn these life-saving skills.

*"It doesn't take long to learn these life-saving skills"*

The Critical Care team will also be selling raffle tickets for the Gloucester Critical Care Department Charity. The Resuscitation Council (UK) has more information about the world-wide event, or find out more about the Gloucester Critical Care Charity.

No previous medical skills or knowledge were required and the comms team set up Dr Andrew Foo with an interview on



BBC Radio Gloucestershire in the morning, which certainly helped to drum up support.

# Farewell to a friend

**The Friends of Gloucestershire Royal Hospital has a proud history extending back to 1948 when the Gloucester and District Welfare Fund was established shortly after the inception of the NHS.**

The name was changed in 1980 to the League of Friends of the Gloucester Royal and Maternity Hospitals and its current name was adopted in 2005. Many services such as a patients' library and the hospital volunteers were originally started by the Friends, and it organised many events which were once a regular part of the hospital scene such as the Annual Ball and the Summer Fete.

*"Ladies would attend meetings of the Council of Friends wearing a hat and gloves!"*

In the early days, the Friends ensured each inpatient received a parcel of gifts on Christmas Day and ladies would not attend meetings of the Council of Friends without wearing a hat and gloves! Over the years the work of the Friends has enabled important equipment to be purchased from laser and radio-diagnostic equipment, operating tables and spinal beds, to a children's ambulance and a birthing pool.

The Friends' Brian Witcombe explains: "There have been many labours of love from embroidery on the chapel kneelers

and altar cloth to watercolour paintings and the regular provision of flowers in the bereavement room. Hours of time have been contributed to the library and volunteering service as well as to an extensive range of fund-raising ventures. Latterly the Friends have focused particularly on the frail, the chronic sick and the parts of the hospital which do not benefit from charities with a specific focus, often funding smaller items to support mobility and dignity.

"The expansion of hospital staff numbers has paradoxically reduced the appetite for some social get-togethers while organisational changes have taken place.

"A number of people have been members of the Friends for several decades and, over recent years, the average age of members has increased. There has been increasing difficulty in finding members to fulfil committee posts over the last few years so at the last AGM in early 2018 it was agreed with reluctance that the Friends could no longer continue. Consequently efforts are now underway to wind down activities. By the end of 2018, after seventy years, the Friends will no longer be here adding 'icing to the NHS cake'."

Cheltenham and Gloucester Hospitals Charity Head of Fundraising, Richard Hastilow-Smith: "We are extremely grateful to the Friends of Gloucestershire Hospital & everyone who has given support to their fundraising over the last 70 years and the incredible impact they have made for many, many people."

# A wise choice for outpatient clinics

**Outpatient clinics form a crucial part of every hospital, including those in our Trust. Running these facilities effectively is vital in order to manage time efficiently for our staff, while also offering the best quality service.**

We operate over 350 outpatient clinic rooms within the two main sites of Cheltenham General Hospital and Gloucestershire Royal Hospital.

With such a large number of rooms, staff and patients to care for, it can be a challenge to do so in a streamlined way that makes best use of our resources.

*"The improved visibility of how our rooms and facilities are being used enables us to utilise them more efficiently"*

To help, a digital room booking system from BookWise Solutions was introduced in August 2017, to coordinate the management of outpatient clinical rooms across both these main sites. With this 'self-service' system, nurses and clinical staff are relieved from many of the administrative duties previously involved in managing these rooms bookings.

The improved visibility of how our rooms and facilities are being used enables us to utilise them more

efficiently as well as being able to recycle cancelled rooms more effectively.

Tom Hewish, the programme manager responsible for the implementation of BookWise Outpatients, explains more about the project:

"We required improved visibility of where capacity existed to locate new or ad hoc clinics and better understand the utilisation of rooms in order to ensure we have the optimum allocation of our facilities.

"In order to move to a standardised and coordinated management of outpatient facilities, the Trust had to engage with a large project team, spanning all outpatient services over both hospital sites. To do this, we needed to fully map all of our outpatient facilities (e.350 rooms), and capture all planned clinic activity.

"This process of data collection broadly consisted of three key requirements; mapping all outpatient rooms and their attributes, mapping of planned clinic activity against these rooms, and reviewing the clinic build and updating any changes.

"In conjunction with our Community Hospital Partners (Gloucestershire Care Services), both organisations invested in BookWise Outpatients as the preferred solution to resolve the management of our outpatient facilities.

"This joint venture resulted in additional benefits to our standard operating procedures, and created a very similar process for services to book outpatient facilities at either the acute or community

hospital facilities across the County.

*"We now have a much improved visibility of where facilities are being used and where capacity is available"*

"It's now been over a year since we have gone live with BookWise Outpatients, and we now have a much improved visibility of where facilities are being used and where capacity is available."



# STAFF AWARDS 2018

## Staff Awards: 2018 shortlist announced

In late September we announced the shortlist for this year's staff awards. Nominations were the highest to date, the standard was incredibly high and the judging decision really tough for our panel.

Congratulations to everyone who was nominated, but particularly to these shortlisted candidates who it has been judged are the best in their categories this year. The waiting now begins as the winners will be announced at the event on Thursday 29th November!

Thanks also to everyone who took the time to nominate their colleagues, we know that it means so much to be celebrated by your peers.

It is also worth noting that our Patient's Choice award is on this list. We had a record number of nominations for this and every nomination was amazing, so thank you for providing fantastic care to the patients who nominated you.



## The shortlist

### Healthcare Professional of the year

- › Sherri Cheal
- › Nicky Jago
- › Mo Betteridge

### Healthcare Team of the year

- › Skin Cancer Nurses
- › Phlebotomy Team
- › T&O Team

### Support services ambassador

- › Sarah Brown (Communications)
- › Central Booking Office Team
- › Sarah Brown (volunteer manager)

### Scientist of the year

- › Sarah Brownstein
- › Radiotherapy Physics Team
- › Jeff Keast

### Contribution to safety & quality

- › Catherine Butler
- › Neonatal QI project
- › Learning from Experience Team

### Contribution to Patient experience

- › Vulnerable Women's Team
- › Claire Harrison and Kelly Prosser-Tyrell
- › Raphaella Rookes

### Denise Barr Memorial Award for excellence in Nursing

- › Vicky Poole
- › Betty Tenn-Stewart
- › Louisa Hancox

### Contribution to research

- › Elaine Willmore
- › Alex Dudgeon
- › Cancer Clinical Trials Team

### Innovation and service improvement

- › John Boyes
- › Pre-chemotherapy Team
- › Simon MacDonald

### Clinical Leader of the year

- › Helen Brooke
- › Rob Stacey
- › Eve Olivant

### Non-clinical leader of the year

- › Felicity Taylor-Drewe
- › Lisa Riddington
- › David Hodges, Portering Co-ordinator

### Learning and development award

- › Library Services
- › Luke Collett
- › John Ferris

### Apprentice of the year

- › Emily Herbert
- › Emily Langdale
- › Laura Tsakarianos

### Volunteer of the year

- › Ann Jackson
- › Jackie Thorogood
- › Lorraine Glass
- › Graham Hill and Martyn Ridge

### Unsung Heroes

- › Judith Stedeford
- › Counter-fraud Team
- › Validation Team

### Patient's Choice Award 2018

- › Brain Injury Team
- › Charlotte Harford
- › GRH Plaster Nurses, Orthopaedics

### Lifetime achievement award

- › Dr Ian Donald

### Richards Family Bursary

- › Maria Tess Juan

## STAFF STORIES: NQN UPDATE

# Things I wish I'd known

**Earlier this year, we 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.**

Outline spoke to Charlotte about how her first few months as a newly qualified nurse have been, working with acute medical patients on the acute medical unit on Ward 4A.

**What was the reaction to your NQN vlog, which attracted a lot of attention on twitter?**

It was largely really positive, but some people did question when I talked about mistakes and difficult moments and there was some negative reaction. However, I felt strongly that it was important to be open and transparent and to reflect real experiences.

**How different did starting work as an NQN feel from the placements you did at Uni?**

When I was on placement as a student, I felt like I was ready to be a nurse, but I do have to say, NOTHING prepares you for the real thing! While your instincts and learning kick in incredibly quickly, it really feels like you are in at the deep end. When you're a student, you are always shadowing a qualified nurse, so the two of you together have two pairs of hands and an extra set of eyes, which comes in handy! As soon

as you come in as an NQN, it's only you and it feels a bit like you've lost a limb.

The other thing is that I felt like I couldn't leave at the end of my shift, as there was so much still to do. That second pair of hands would really have been useful on many of my opening days. I felt at first that my time management was at fault, but this has really improved.

**What's the best thing about working with patients?**

It's good to recognise that while you want to keep learning and know more and be even better qualified, the most important thing is to be there for the patient. The human element, of being there for the patient when they need you, is the thing that is the best part, and it can't be taught or bought.

*"It's the hardest thing when you can't help someone"*

**And the worst thing?**

I had a situation where a patient was violent towards me, and it was very hard not to take it personally. When things are tough for people, they often become stressed and can be difficult. This particular patient was hard to control and we had to call in colleagues and the site manager. Because the situation couldn't be resolved, it was very difficult, so that's the hardest thing, when you can't help the person you are supposed to be looking after.

**What do you wish someone had told you?**

That it would get better and easier! Day by day, you learn more and sometimes you just need time, together with some self-belief, to become an even better nurse. Also, that there's no shame in asking for help – colleagues are incredibly supportive and it's great to be part of a team.

*"I was really keen to jump in at the deep end"*

**And anything you regret?**

Not really, but I was really keen to jump in at the deep end and that's why I came to AMU. On reflection I think that it might have been easier to at least have started on one of the wards where I did my placements, as it was a ward where I didn't know anyone or anything! It might have been less demanding to have taken things a bit more slowly and given myself the time to find my feet. I love it on AMU though and I am staying put for now, even though I had initially decided to do just 6-monthly rotations.

**What do you say to the new NQNs?**

The time has gone so quickly, so I would say to all the NQNs out there, enjoy every minute and savour your early days, because you will never get them back. It really is an incredible privilege to work with patients who let you into their lives when they are at their most vulnerable.



Charlotte Hall

**Support for NQN's**

I'm really pleased that more NQNs are talking about their experiences on Twitter this year and hope that I have set a trend! It's a great way of accessing peer support. I'm also doing a silver QI project based on the development of a NQN forum here at the Trust, so I hope we'll be able to offer people even more support in the future. Watch this space!

## Staff: in their own words

**I love being a nurse because through my work, I can connect directly to my patients and their families and I can help them to manage their condition once they leave hospital.**

**The opportunity to work so closely with people means that as well as treating their physical problems, you can form an emotional connection that you hope will stay with the patient for years to come.**

## STAFF STORIES: SUPPORTING OUR ARMED FORCES

# Armed Forces champions

## The Armed Forces Covenant is a promise from the nation that those who serve or have served, and their families, are treated fairly.

The Trust is working to embed the Armed Forces Covenant by utilising local Armed Forces resources and support services to enable improved health outcomes for serving personnel, veterans and their families who are patients in our Trust.

We have many staff working in the Trust who have previously been a member of the Armed Forces or have a partner who has been or is still in the Armed Forces. Some of our staff also act as Reservists. These individuals are best placed to understand the difficulties that this cohort of patients and their families encounter and have experience of the challenges that can be faced in accessing and receiving health care services.

*"They have all received support from their line managers"*

With this in mind we have recruited six of our staff who have volunteered to become an Armed Forces Champion for the Trust. Their role is voluntary and they have all received support from their line managers to enable them to undertake this role.

The role involves a host of things including:

- Working to develop links with local Veteran Services in the area.
- Offer support and information to

colleagues regarding issues pertinent to Armed Forces serving personnel, their families and Veteran needs.

- Promote the needs of Armed Forces serving personnel, their families and Veterans.
- Contribute to the initiation and implementation of change and improvement to service and care delivery for local Armed Forces serving personnel, their families and Veterans.

Chief Executive Deborah Lee says: "I am very proud to endorse Gloucestershire Hospitals NHS Foundation Trust's support for Britain's Armed Forces Serving personnel, veterans and their families. Our Champions will play a crucial role in helping develop the services and care we provide and make links with existing local Armed Forces support networks. Each of our champions brings different experiences, knowledge and skills which will help shape the support and care we can offer to this important group of people as we move forward."

### Meet our Armed Forces Champions

#### David Nash: Quality Manager Radiotherapy & Medical Physics, CGH

I served in the Corps of Royal Engineers for several years. Mostly in Germany with some short Operational tours. I am involved in various Veterans groups and associations including contacts with SSAFA, Age UK and outreach and counselling services for Veterans.

Many of the Veterans and their families

I'm in contact with have very mixed feelings about the level of service and respect they receive from us as a Trust.

It might be nice for me to be able to do more for them now than just getting them the occasional coffee and helping them find a parking space.

#### Julie Wood: Staff Nurse, Neonatal Unit, GRH

I have lived for the past 6 years with someone who has severe ongoing PTSD as a result of a long military career. I have come to realise in that time how PTSD affects peoples' ability to sleep/function/ deal with situations & communicate/ be hypersensitive to noise etc.

I also know how tough this can be on the partner/carer of such people.

I have several ideas as to how people with PTSD can be aided in having a better experience when visiting the trust & would feel privileged to be able to contribute my knowledge & experience.

I already help in supporting veterans through a Self-Help Motorcycle club.

#### Katherine Hind: Acute Care Response team, GRH/CGH

My husband is in the British Army with 28 years' experience. I worked with the armed forces in Canada for two years whilst he was on deployment there. I have worked at Portsmouth general hospital working alongside military medical staff and caring for serving military personnel



as patients. I am a military spouse, living within a military environment alongside other military families.

I am aware of the effects working within the armed forces can have on an individual whilst serving and once no longer serving, especially if service is cut short, as well as how some needs can extend beyond military service. I am also aware of the pressures this puts upon serving families. I have an interest with regards to veterans and their families' health needs and issues.

We have three other champions as well as the three profiled herer and are officially launching the role on 11 November, Armistice day.

# Love your 99!

## In early October, your 99 bus service got even better.

One year on from the launch of the service and our service provider Pulham's Coaches has listened to your feedback and developed the service to better fit your needs.

The new timetable has been updated to improve the service. We know that in heavy traffic at the start and the end of the day that the service did not always arrive on schedule, but the team at Pulham's adjusted the timetable during these times by bringing the earlier and later trips forward by 15 minutes to ensure that the timetable reflects the journey times and ensures that you are able to get into work on time.

*"The new timetable has been updated to improve the service"*

You can now benefit from two additional stops at Longlevens in Gloucester and at Gloucester Road in Cheltenham. Like the Arle Court Park and Ride, return journeys for staff will be offered at a subsidised rate of £1 from these new stops – the rest of the stops will remain free to staff on provision of your valid staff ID.



The new and improved 99 service can be picked up every 30 minutes at:

- Gloucester Bus Station
- Gloucestershire Royal Hospital
- NEW Longlevens (£1 return)
- Arle Court Park & Ride (£1 return)
- NEW Gloucester Rd, Cheltenham (£1 return)
- Cheltenham General Hospital
- Cheltenham Town Centre

More information about the route, free WiFi, bus stops and low emission vehicles is all available at: [www.pulhamscoaches.com](http://www.pulhamscoaches.com)

Pulhams look forward to welcoming you on board!

# World mental health day

## We recognise the importance of supporting colleagues, patients and friends with their mental health and through 2019 we are pledging to developing more ways to offer support to colleagues in this important area.

We signed up to the Time to Change pledge back in 2014 and we are still committed to reducing the stigma and discrimination that exists around mental health. Watch [this short video](#) about our commitment.

*"We are still committed to reducing the stigma that exists around mental health"*

Chief Executive Deborah Lee commented: "I got more positive emails in a week than I've ever had for the weekly roundup about the focus on World Mental Health Day and my own reflections on some personally challenging times.

"Wonderfully, the message and the week's associated activities really got the organisation thinking and talking about how we approach mental health and the support that we provide to staff who maybe struggling in this space.

"Knowing that you are not alone, recognising that mental illness doesn't discriminate against who it affects and



hearing about colleagues who have gone on to recover and continue to develop professionally are all ingredients for a safe, respectful and compassionate workplace."

"Many people with mental health problems encounter every-day which is stigma. Fortunately, for me, I did access great support and as a result of this experience, I went on to become a much more resilient version of myself by addressing some of the bad working habits that had contributed to me becoming unwell in the first place.

"As a result of 'coming out' about my own experience, I have been staggered at how many others have their own similar story to tell but have shied away from doing so."

Time to Change is running an excellent campaign called [#AskTwice](#), which encourages people to ask again if someone says they're fine. They set out five simple steps to help you to support honest conversations with friends and colleagues about mental health.

# Great Gloucestershire Bed Push Challenge

**In September an amazing team from Gloucestershire Fire and Rescue took on their 'Great Gloucestershire Bed Push Challenge', pushing a bed 160 miles around Gloucestershire to raise funds for Focus, our fund for local cancer care in the Gloucestershire Oncology Centre.**

The challenge saw the Firefighters pushing the bed between each of the 21 stations in the county and ending at the Gloucestershire Oncology Centre, with over £17,000 raised to provide extra care and equipment for local people fighting cancer.

Richard Hastilow-Smith, Head of Fundraising "We are absolutely in awe of this incredible team and their determination to make a difference for our cancer patients, they really captured the imagination of communities across Gloucestershire and a huge thanks from everyone at the Oncology Centre for their fantastic support."

Fundraiser Karen Organ was there over the six days to support the fundraiser: "What an amazing 6 days it was and the highlight of my 20 years in fundraising, it was the biggest privilege to be alongside the inspiring team that put this huge project together.

"To watch them pushing the bed from station to station, walking through the long country roads, running with the bed up

the steepest of hills, stopping traffic on the busiest of the Gloucestershire roundabouts with such precision or just walking through our towns in Gloucestershire, Gloucester, Dursley, Stroud, Lydney, Newent, Northleach, Fairford to name just a few and then arriving in Cheltenham with a parade of Fire engines, Police escort and support vehicles along the Promenade and welcomed into the Oncology Unit for the big finale.

*"We are absolutely in awe of this incredible team"*

"The support each Fire Station gave each other was a pleasure to be part of, using the bed as a baton on a huge relay race of Gloucestershire, many of the firefighters having their own story of how cancer had touched their lives and they wanted to do something to make a difference.

"The love and respect they had from the public whilst collecting money in their buckets was just so inspiring, there is so much good will out there for our public services, the Fire Service, the staff at our Hospitals, it makes you realise just how special and important to the public the jobs we all do are and sometimes we need a little reminder of that – The Great Gloucestershire Bed Push challenge certainly showed me how important it is that we can all join together supporting each other".

To find out more or support their fundraising visit [www.gloshospitals.nhs.uk/charity](http://www.gloshospitals.nhs.uk/charity)



## Mud runners say thanks to oncology team

**A diagnosis of cancer was a complete shock to Scott and his family.**

After receiving treatment from the amazing team in the Gloucestershire Oncology Centre he's now on the road to recovery and with a group of friends took on the Devil Mud Run to put something back and make a difference for future cancer patients. Together they raised over £2,000 for Focus, [read Scott's incredible story.](#)



## Winning ways



**We are delighted that Clarkson Evans won the CSR Award at the Gloucestershire Business Awards in recognition of our innovative charity partnership and their incredible support of Focus.**

They have not only raised funds for Sky Ceilings which have transformed the environment in our radiotherapy treatment rooms, but have also given in-kind support and advice to our charity. Our sincere thanks to the team at Clarkson Evans for their support.

If you are interested in finding out more about corporate partnerships with the hospitals charity then please contact the fundraising team on 0300 422 2532 or contact us on [our website](#)

## Fabulous females



**David and Di Hunt were devastated in June 2016 when Di was diagnosed with ovarian cancer.**

Her chemotherapy and treatment was carried out at the Gloucestershire Oncology Centre and they both decided that they would give back for the magnificent care and support.

*"David came up with the idea of a calendar"*

David came up with the idea of a calendar, in the Calendar Girls Style and joined by other local farming

females, the Farming Females Feeling Fabulous calendar idea was created.

Stripping off and having pictures taken on their Cotswold farms, the ladies have produced a fabulous calendar for 2019, with all the proceeds going to FOCUS – the calendar costs £10 and every penny will support cancer patients using the Oncology Centre.

[www.farmingfemalesfeelingfabulous.com/](http://www.farmingfemalesfeelingfabulous.com/)

# Make a will month

## Making a Will is such an important thing to do, yet many of us don't have one.

Your Will enables you to ensure your wishes are followed when you are no longer here, and also provides an opportunity to leave a lasting legacy to the people and causes you really care about.

*"This November, Lodders Solicitors are again getting behind their local hospitals"*

This November, Lodders Solicitors are again getting behind their local hospitals by offering to create or update a Will free of charge, in return for a donation to Cheltenham and Gloucester Hospitals Charity.

Focus Cancer Support Centre Manager, Ali Williams: "I was so relieved to finally get my Will done! After many years of putting it off, we saw Make a Will month, which was a great way to make a difference in the hospitals and get a professionally written will in place."

Last year Make A Will Month raised over £3,500 to help provide a better experience for local patients, funding equipment such as comfortable rise and recline treatment chairs for cancer patients to jaundice meters which safeguard new babies.

Places in November will be limited and given on a first-come first-served basis,

**cheltenham  
and gloucester  
hospitals charity**

at the heart of our community



to book your place please contact Jenny Dickinson at Lodder's on 01242 229092 or [Jenny.dickinson@lodders.co.uk](mailto:Jenny.dickinson@lodders.co.uk)

The suggested minimum donation for a straightforward single will is £100 or £150 for two 'mirror wills'. If there are requirements over and above a standard Will, the donation can still be made but there will be a fee for any additional work.

# Team Paeds challenge

**#TeamPaeds have been undertaking the mammoth task to attempt to cover 24,700km by any measurable activity (run, ride, swim, walk) throughout 2018 and raise some funds along the way under the hat of Cheltenham and Gloucester Hospitals Charity.**

They say: "The aim initially was to give a certain Paediatric Consultant a personal challenge to run the Cheltenham Half Marathon, which has since spiralled into a year-long campaign to help promote health and wellbeing amongst staff and project this onto our Paediatric Patient Group.

"One such event to help boost the mileage and some charitable funds in the process is our Atrium Cycle Challenge. On October 26th, we are attempting to cover 247km on each of 2 bikes during a normal 12 ½ hour shift, the first solely ridden by our own Charge Nurse from PAU and initiator of the #CCC247 campaign Matt Nelmes and the other by a relay team of Doctors and Nurses undertaking 30 minute sessions to achieve our target figure.

"Please come along and say hello or you can check out our trials and triumphs on our Facebook, Twitter and Instagram pages and if possible even go to our Virgin Money Giving page."



# Peer shadowing

**We have been approached to take part in an exciting new study looking into how the NHS can better support new ward leaders in our hospitals.**

The study has been jointly funded by NHS Improvement and the Burdett Trust for Nursing and will test the results from a previously unpublished study which indicated that shadowing a more experienced ward sister or charge nurse enables the new ward sister or charge nurse to become more established in their role in the first six months.

*"I am delighted that we have been asked to participate in this important study"*

There is currently no mandatory national programme of preparation or support for the nurses who become ward sisters/charge nurses in England. National courses are available from the NHS Leadership Academy and the Royal College of Nursing, however there is little information on the impact of these courses or what is available locally for ward sister/charge nurse professional development.

To enable us to better understand how shadowing a more experienced colleague can better prepare and support new ward sisters or charge nurses, we are currently

recruiting two new ward managers who have been less than nine months in-post and two experienced ward managers who have been in-post for over three years.

Director of Quality and Chief Nurse Steve Hams: "I am delighted that we have been asked to participate in this important study. It has long been acknowledged that the senior ward leader is a pivotal role in healthcare; they have enormous influence on the quality of patient care, staff experience and the efficient use of resources. This study will identify ways in which we can better support new senior ward leaders in developing their role and maximising their contribution to better care for everyone."

# Richards Family Bursary

**The winner of the first ever Richards Family Bursary for Nursing Education has been selected from a strong field of applicants.**

These applicants were whittled down to just three candidates by the Staff Awards Judging Panel and the overall winner was chosen from those shortlisted by the Richards Family, who set up the bursary.

*"It will help be become a better scrub nurse, a more efficient nurse and an educated nurse"*

Eye Theatre Scrub Nurse Maria Tess Juan has been working full-time for three years in our eye theatre and will use the bursary to pay for an ophthalmology course to help develop her skills and understand a wide range of eye problems, treatment and appropriate surgical interventions. She explained: "The knowledge I could learn from this I could impart to my colleagues and Students. It will help be become a better scrub nurse, a more efficient nurse and an educated nurse."

Our Cheltenham and Gloucester Hospitals Charity has been working with the family of Mrs Diane Richards to set up a memorial fund of £10,000 to help support patient care improvement initiatives and to fund training for our front-line staff. The bursary will be made available on an annual basis.



The team launched this as part of our Staff Awards and the bursary will be formally presented to Tess at this year's award ceremony on 29th November.

The bursary will be running again next year.

# 100,000 Genomes

## We are part of a national programme to transform diagnosis and treatment for patients with some cancers and rare diseases as well as their families.

We are a part of the West of England Genomic Medical Centre (GMC) which is centred in Bristol, and one of thirteen GMCs.

The project involves collecting, analysing and decoding 100,000 human genomes from complete sets of around 70,000 patients' genes across the UK. More than 150 patients in the county have taken part so far.

Their DNA will provide information which could help shape the diagnosis and future treatment of other patients presenting with similar diseases in the future – not only here, but across the world.

*"Just to be able to talk to people about what's happening has been extremely exciting"*

We have a small team at our hospitals which includes Genomics Specialist Nurse Gill Hopkins, who came out of retirement to work on this fascinating project:

"It's very interesting – no one has done this before. Just to be able to talk to people about what's happening has been extremely exciting."

Gill recruits potential candidates that are

identified by our consultants through their usual work with patients. She talks the patients through the process and explains their information will be used safely in the future. Once consent has been agreed by the patient, samples are taken and sent to be tested and processed in the WEGMC laboratory at Southmead Hospital before being sent to the national laboratory for DNA sequencing.

Researchers are studying how best to use genomics in healthcare and how best to interpret the data to help patients. Analysis of information in the database is also expected to lead to new and more effective treatments and it is already helping to obtain a diagnosis where one did not previously exist, as patient Patricia Gaskin explains:

"I was diagnosed with ovarian type cancer in April 2017 and when I came for an appointment, my consultant introduced me to a research nurse and asked me if I would be interested in taking part in the Genomes project and how I could help in the future with research from my tumour samples and that I could also benefit because they could tell me lots of things from my DNA."

*"My consultant introduced me to a research nurse and asked me if I would be interested in taking part in the Genomes project"*

Interim Head of Business Development and Planning Dan Corfield adds:

"The completion of the 100,000 Genomes Project has been extended by a few months to hit the final numbers, as some of the cancer pathways took longer to define and recruit to than expected across England. Here we have continually delivered our allocated number of samples and referrals across the project's workstream and in have often managed to go above and beyond. "

*"In September our Trust Leadership Team approved making the adoption of genomic medicine into our everyday work"*

"We have just received the news that North Bristol Trust, who host the West of England GMC which we're a member of, has been confirmed as the Genomic Laboratory Hub for the South West. This is a key decision to progressing to genomics being 'business as usual' as soon as possible. In September our Trust Leadership Team approved making the adoption of genomic medicine into our everyday work as one of our long-term strategic direction, and it will be built into the five year strategic plan we're starting to develop; certainly part of our Journey To Outstanding.

"The next steps are to work out which of our clinical processes and standard operating procedures we need to update both with the new Genomics Test Directory, and with



Patricia Gaskin

the right triggers to ensure we present genomic sequencing and analysis to patients as part of standard clinical practice."

For more information contact [gill.hopkins@nhs.net](mailto:gill.hopkins@nhs.net) or visit Genomics England's [website](#)



## The big picture

Keep smiling!  
Macmillan skin cancer  
nurses at work.

Amazing access, treatment  
and care for my son who was  
admitted to the Children's  
Centre yesterday evening  
[@gloshospitals](#) [#superheroes](#)

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Gill, Twitter, 26 September 2018