

Involve

JUNE 2017

One You

Staff join colleagues for the
health and wellbeing challenge

MORE DETAILS ON P10 →

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Message from Deborah Lee

Since the last edition was published, we have seen a number of devastating events including the terrorist attacks in London and Manchester as well as the terrible fire at Grenfell Tower.

Commenting on the latter, NHS England referred to the staff across the NHS who were 'pulling out all the stops' in caring for the patients affected. The commitment, professionalism and outstanding care given by all our NHS colleagues throughout all these tragic events is something so heart-warming and certainly makes me feel very proud to part of the broader NHS team.

"It makes me very proud to be part of the broader NHS team"

The compassion that healthcare staff display to patients every day is awe inspiring – our work is both meaningful and vital, and our healthcare system is a powerful sign of what it means to live in a civilised society. However, we know that sometimes this compassion that we show to patients is not reflected (or is limited) in the way we treat ourselves and sometimes our colleagues. The team in our Children's Centre have found a novel way of addressing this by holding a kindness and respect event in July titled 'Random Acts of Kindness'. As well as pledging their random acts (pledges are going into a box in the staff room), they will be dressing up as children's characters on the day. A fantastic idea and others are



welcome to echo their event in their own departments or areas of our hospitals.

In a recent survey of staff to gather feedback on their top priorities for training and development *building resilience* came out in the top three. One consultant colleague observed this as a concerning signal; fearing we had given up trying to make the working environment a less challenging one and instead had taken to building resilience in people so they are better placed to cope with what the workplace (and life) throws at them.

My response to that consultant was to suggest that in the current climate it's not one or the other and the *building resilience* training is our attempt to support staff whilst the challenges remain (and for when the new ones appear). Many of those who have undertaken resilience training have found it enormously useful. At a time where we are all busier than ever in life, resilience training can give us useful tools – for life outside the job as well as inside these walls.



In the busy environment that we work in, one of the things that always catches me out is appraisal. Why? Well, in all honesty I often approach the appraisal season with a slightly heavy heart. It takes a huge amount of time and thought to effectively appraise ten staff and yet I always conclude on an absolute high.

Good appraisal requires you to prepare, to canvass views from the appraisee and to be clear about the outcomes you are striving for which, for me, is always a balance of staff feeling energised and valued at the end of the discussion, clear about their priorities for the coming year, but also sighted on where there are opportunities for them to develop further with absolute clarity on what support they need from myself or others to enable them to succeed.

I am likely to spend more time talking about how someone delivered in the previous year, rather than what they delivered; they are both equally important. However, the former is likely to lead to improved performance in the future in my experience.



So where's the surprise? Well, it's in the sense of personal satisfaction that comes from spending 'quality' time with a colleague; taking time out to formally recognise and celebrate their successes, knowing that as a result of the discussion they will hopefully go away feeling more valued and are likely to be even more effective than before.

"Like me, you might be surprised how much you get from it"

Sticking with the theme of staff engagement and positivity, I would like to highlight Ward 7A – I recently visited them and spent time with staff hearing about the project they have recently developed, aimed at improving patient and family experience in their ward. It was a fantastic visit with numerous things that struck me.

Firstly, the trigger for the project; following the discharge of a very long staying patient, the staff felt they needed the opportunity to 'reset' things on the ward after what had been a challenging number of months for many of them (lots of reflections for me on how we could or should have supported staff more effectively during that time). Secondly, the extent to which 'transformational' change had been achieved through

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Message from Deborah Lee



Prof Peter Scanlon

the impact of lots of small initiatives. One such example was the purple box (costing 13p) to safely store patients' hearing aids. Prior to this simple innovation, the ward had annual claims in excess of £2,000, not to mention the patient upset associated with lost aids. Since this innovation they had lost NONE! Thirdly, the benefits associated through close partnership working between the Trust Patient Experience Lead and the ward. Jean Tucker's input was described as invaluable and all staff were clear they couldn't have made half the progress they did without her help.

"This project is now being rolled out across many wards"

Finally, and perhaps most pleasing (and surprising to staff on the ward) was the impact that this project had not just on patient experience but on staff morale and fulfilment. Staff reported feeling happier at work, feeling enabled to drive change

and were even embarking upon ward-based social and team events which had all but disappeared during recent difficult times. Thanks to the Patient Improvement Team and others, this project is now being rolled out across many wards in the Trust.

I'm pleased to say that our successes continue – the team involved in redesigning care for patients with musculoskeletal problems were recognised by the Health Service Journal when they were awarded a Highly Commended in these acclaimed national awards in the Community Health Service Redesign category. It may seem counter-intuitive to some of you that we should want to work with our partners to support the care of patients outside of hospital, given the financial impact on us at such a challenged time. In reality, we have long waiting times in most of our specialities and as such our 'order book' is full for at least a year or so; in addition around £7m of profitable elective work is being done by private providers in the county – work that we could be doing if we



I have also recently visited the Gloucestershire Diabetic Eye

Screening Service and again was wowed by their accomplishments. Professor Peter Scanlon and his team appear to have realised the holy grail of any NHS Trust serious about excellence where care delivery, teaching and research come together for the benefit of staff and patients. Absolutely inspiring!

Finally, I wanted to acknowledge a significant personal milestone. I have now marked my first anniversary in the Trust. Whilst not necessarily the year I expected (in so many ways!) it has, without doubt, been a year I would not be without. It has stretched me to my limits, but what I couldn't have begun to imagine was how passionate and committed I could feel about an organisation and its people that, only a year ago, I barely knew. So thank you VERY much for making me so welcome, for being forgiving when I've got it wrong and very generous when I've got it right: right now, I couldn't imagine being anywhere else.



had the capacity. So, all in all, the kind of work recognised by the HSJ this month is exactly what we should be doing – reserving scarce hospital resources for those that cannot be cared for at home or in the community to ensure those that need our services can access them in a timely way.

"Thanks to the whole maternity and neonatal team"

Sticking with good news, our maternity services were, once again, credited with the UNICEF Baby Friendly status. Achieving this is no mean feat and particular thanks go to Sue Maxwell, Infant Feeding Lead, Sophie Ferguson and Emma Taylor, Infant Feeding Support Midwives, alongside the whole maternity and neonatal team, without whom babies in Gloucestershire wouldn't be getting such a great start to life.

Academy awards ceremony

The third and fourth Gloucestershire Safety & Quality Improvement Academy (GSQIA) Awards and Graduations took place earlier this month at Redwood Education Centre with 18 members of staff graduating from the seven-month long Silver Quality Improvement Programme.

During the ceremony, each team shared details of their improvement work with staff from across the Trust, who helped to celebrate their achievements.

Prior to the event, staff had been voting online for the Most Innovative Quality Improvement whilst at the event, the audience voted for 'The Best QI Poster' and 'The Best QI presentation', whilst a judging panel awarded the accolade of 'Best Quality Improvement'.

"Our QI teams presented their improvements as part of their graduation"

At the conclusion of the programme participants have also graduated as Silver – Quality Improvement Practitioners, recognised by the presentation of a Silver QI pin badge and certificate.

In addition to providing an opportunity to share the learning from the improvements, these events form an integral part of the Academy objective to create an 'Improvement Movement' across the Trust, with the ultimate ambition of creating a culture of continuous improvement.

Award winners at 9th June Ceremony included Trauma & Orthopaedic Theatre Sister Sarah-Jane Smallpage who scooped the Best QI & Best Presentation accolade. She said: "I heard about this through Matron Wells as part of an initiative to support and train band 6s.

"I have enjoyed all of it! The academic angle has been great as I feel I have an appropriate understanding of the systems and processes I have adopted. It has enabled me to practically move forward with the QI project with a sound knowledge base. I hope that the improvement that I have demonstrated in one area of T&O theatres is taken and used across all of the theatres to improve this area of work.

"I am so surprised and truly honoured to have won the Best QI and Best Presentation. In my 25 years working as a practitioner in theatres I can honestly say that this is the best course I have been on and has had the greatest impact on my practice and work moving forward. A huge thanks to all members of the QI team for their support and encouragement."

Other winners included Hannah Jackson who won Best QI Poster for her project on reducing opioid prescribing errors as well as Susan Fleet & Jack Mills who won the Most Innovative QI for their project to get the Health Information Room back on the map.

Meanwhile, at the ceremony held on 15 June, our Chair Peter Lachecki presented the winners with their awards.

Dr Isabelle Hancock scooped the Best QI & Best Presentation awards for Improving ECG

process in the ED project and our Chair Peter reflected on Twitter following the ceremony that the Award was: "Very well deserved."

"I am so surprised and truly honoured to have won!"

Meanwhile Dr Cat Tanner won the Best QI poster award for her project to ensure that 70% of patients presenting with ascites and decompensated liver disease will have an ascitic tap within the first 24 hours of admission by March 2017 in Gloucestershire Royal Hospital.

The Most Innovative QI award went to Dr Alex Grant for his project to improve the time taken for patients with C-spine fractures to move through the Emergency Department.

About GSQIA

The Gloucestershire Safety & Quality Improvement Academy was established at Gloucestershire Hospitals NHS Foundation Trust in June 2015.

Through their courses, students are provided 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.

Find out more about the Gloucestershire Safety and Quality Improvement Academy and the QI Development pathways at www.gloshospitals.nhs.uk/academy



Sarah-Jane Smallpage



Dr Isabelle Hancock



CT improvements

Over the past eighteen months our Computed Tomography (CT) team have been working to improve processes in the quest for improved patient experience and safety.

This included looking at systems of work already in place and how medicines management was performed, undertaken and implemented. This has resulted in a number of changes as Superintendent Radiographer, CT, Jaimie Kilvington explains:

"In response to patient safety concerns, it was unanimously agreed that the existing method of oral contrast administration to the wards was unsafe with nurses being asked to administer contrast without a prescription or PGD.

"We therefore introduced the use of the single day prescription chart which is completed by a Radiologist and sent to the ward along with instructions for administration.

"Additionally, wards were also asked to store the oral contrast, either in their drugs trolley or in a locked, window free cupboard on a top up basis.

"Wards were asked to store the oral contrast in a locked cupboard"

"To aid with administration we have designed an information chart for nurses on the types and quantities of oral contrast used. These were presented at the Senior Nurses Meeting on April 13th and to the Band 7 Medical team on May 18th for dissemination."

The team have also updated the CT Safety checklists in line with current guidance



and these have been designed to highlight conditions that prevent the administration of oral and/or intravenous contrast media, which is used in CT to aid diagnosis.

Jaimie adds: "These checklists will be sent to patients along with their appointment letter for completion prior to attendance for their scan. This will ensure patients who cannot have the contrast or have any concerns can be promptly identified and issues addressed in advance, whereby improving the patient experience and reducing the number of lost slots for the department.

"For inpatients, the safety checklists will be sent to the wards along with the contrast prescription chart and instructions slip which must be completed prior

to administration of oral contrast."

A flow chart has been designed to aid with completion of this safety checklist which should be returned to CT with the patient for their scan appointment.

"The safety checklist should be returned to CT with the patient"

Jaimie concludes: "Whilst some of the changes did not go as smoothly as we would have liked the overall reception from all teams has been positive and we would like to thank everyone for their ongoing support and patience with this new working practice.

"The additional support you provide allows us to optimise our appointments and improve service delivery and efficiency as well as the patient experience."



Stop smoking service

You should be aware by now that this service has been taken over by HLS Glos, the healthy lifestyles service. Quitting smoking is one of the best things our patients can do for their health.

Refer a patient by clicking on the Healthy Lifestyles icon on your desktop or click [here](#)

**Healthy
lifestyles**
Gloucestershire

ONE YOU GLOUCESTERSHIRE

Moving more and feeling good!

This staff wellbeing campaign has really taken off across all the public sector organisations in our county; everyone has been working together to make the most of the campaign, including supporting each other on social media.

Events were held on both sites in May, joining with HLS Glos for members of the public as well as staff – lots of people came and picked up posters for their departments and it was excellent publicity for HLS too.

"Everyone has been working together to get the most from the campaign"

We have over 50 pledges to the email address now and hope to continue to see this rise – for those staff who haven't done so yet, you pledge to:

OneYouGlos@gloucestershire.gov.uk and they send you personal motivational emails for the duration of the campaign.

Our intranet page has been up and running for 3 weeks, it has over 1000 views which is very positive in comparison to other campaigns.

We have been promoting the campaign a lot through social media, especially on twitter. All the organisations are tweeting using the hashtag #OneYouGlos

One thing that's proving very popular with patients and visitors is Active 10, an app that monitors your walking each day, telling you how much of it counts as exercise (raising your heart rate).

Our physio teams have really stepped up – they have not only filmed four 5 minute workouts (which have been watched 450 times on youtube so far), they have also started a weekly steps challenge for staff on both sites and are engaging patients as well.

Rounders tournament

The physios will also be running their Kat Lyle Memorial Rounders event as part of this campaign and workout@work. The physiotherapy department invite staff to get a team together and join in (minimum 6 players, maximum 15 players). This will take place on 6th July at Naunton Park, Cheltenham 17.30 – 20.00 approx. Please contact Megan at megan.kirbyshire@glos.nhs.uk

Email your pledge to: oneyouglos@gloucestershire.gov.uk

Questions or comments?: comms@glos.nhs.uk

Twitter activity



@gloshospitals

Vanessa is eating well for her #OneYouGlos pledge – eating gut friendly foods with beneficial bacteria for the month of June #eatwell

@gloshospitals

Cathy is walking her way to fitness. She's doing 6000 steps a day – but with a secret "stretch target" of 10,000 steps! #oneyouglos

@gloshospitals

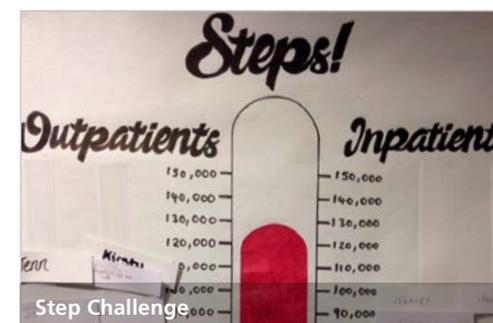
Sharon in Ophthalmology Outpatients is donning her running shoes and signing up for a half marathon #OneYouGlos #Movemore

@gloshospitals

Lindsey has swapped to a healthier diet and made a commitment to losing some weight in June and beyond! #OneYouGlos

@gloshospitals

Our clinical coding team at GRH are pledging to walk 15 minutes each day. They'll give a step total at the end of the month!



email your pledge to:
oneyouglos@gloucestershire.gov.uk

Staff stories: Healthcare Science series

Focus on medical engineering

Medical Engineering provides services which assist in the safe use and effective management of medical equipment.

The department also manages the electrical safety testing of portable non-medical appliances. This ensures the safety for staff, patients and visitors of Trusts' appliances and those brought in by patients

Our Medical Engineering department manages approximately £32,839,000 of our Trust's stock of medical devices, ensuring that the benefits of this technology are maximised, and the risks minimised.

Head of Medical Engineering, Steve Burnside explains: "This involves us in pre-purchase evaluations, acceptance tests, maintenance as well as condemnation and disposal of specialist items.

"This involves us in pre-purchase evaluations and tests"

"We also help with the education and training of device users; and assist risk management following incidents or where equipment is subject to safety and hazard notices. We currently have a computerised equipment management system which currently contains 33,450 active medical devices."

The range and level of skills within clinical engineering eliminates the



Steve Burnside and team

need for expensive service contracts with outside companies. There is also the added advantage of a fast and flexible response as required.

The Medical Equipment Library is staffed by Medical Engineering Monday to Friday, 8am – 4pm GRH and 8.30am – 4.30pm at CGH. Out of hours, the library can be accessed by portering and nursing staff. All items in the libraries are bar coded and are scanned in and out for tracking purposes. A list of available medical devices can be seen on the Medical Engineering intranet page.

With the increased use of technology in medicine, specialist advice is needed to maintain and advise on critical equipment. The Medical Electronics Section provides technical support and electronics expertise to teams who use electrical and electronic medical devices. Of the numerous items of medical devices that clinical engineering look after, medical electronics provide

a facility which includes commissioning, testing, planned maintenance, repairing and disposal for the majority of these devices.

Meanwhile, our Mechanical and Anaesthetics Section specialises in the maintenance and repair of all gas-related medical devices. Steve explains: "These range from high-dependency equipment such as life-saving ventilators and anaesthetic machines, to the basic flow meter and suction devices located in most areas.

"Essential support is given to adult and paediatric intensive care units, and critical-care units. The team provides a comprehensive, quality mechanical engineering resource for all health professionals within our hospitals."

Medical Engineering also provides medical device management and maintenance for Gloucestershire Care Services, 2gether Trust and many GPs, charities and private health care providers within the county.

"Essential support is given to intensive care units"

To ensure an efficient, effective and accountable service, the department maintains an externally-certified ISO Quality Management System. This clearly defines their work processes; how they record and monitor activity; obtain feedback from customers and finally, how they strive to continually improve.

The team manage all our calibrated test equipment and tools, which is vital to ensure accuracy of their work and traceability to national standards.



STAFF AWARDS 2017

SUPPORTED BY
 cheltenham and gloucester hospitals charity
 at the heart of our community

Staff awards update

There was once again a phenomenal response to our call for entries, with almost 400 nominations; thank you to everyone who took the time to make a nomination.

The forms are now closed; shortlisting will take place at the end of June. For staff, the longlist of everyone who's been nominated will be on the intranet in due course.

Following this, shortlisted candidates will be contacted to have their photographs taken during July for use in the awards brochure and presentation on the night.

The event

The shortlisted candidates will be invited to the ceremony on Thursday 21st September 2017. This glittering evening will be bigger and better than ever thanks to the Cheltenham and Gloucester Hospitals Charity which has organised additional sponsorship from generous external organisations to cover the costs of the event.

Chief Executive Deborah Lee says:

"While these awards are to recognise the achievements of specific teams and individuals, we should all feel proud that as an organisation, we have so much to celebrate. It's only by working together and supporting each other that these individuals and teams can achieve these incredibly high standards."

Patient's Choice

This award is open until the end of June.

We've had a phenomenal response so far, with truly awe-inspiring accounts of care and compassion. This award stays open for longer as a different panel decides the shortlist. Do email your comments or questions to awards@glos.nhs.uk

As ever, the nominations have made amazing reading – here's a mystery snippet of just two of them:

"She gives patients comfort and support in everything she does. She always stays late if needed and does extra shifts to ensure the ward is covered. Nothing is ever too much trouble and she always willing to help everyone."

"He has been a star, personally and professionally, since he started. He is always helpful as a link to our team and will support any request as best he can, which I am very grateful for. Most of all, his positive attitude and infectious friendliness are a joy to be around and something that is so vital for our Trust at the moment."

Leading nail disorders event

Our consultant dermatologist Dr Anita Takwale has been appointed as Clinical and Educational Lead for the British Hair & Nail Society and in this capacity hosted a national seminar in Cheltenham in May.

The event entitled Update on Nail Disorders was held at the Queen's Hotel and attracted attendees from across the UK.

There were over 60 attendees (the majority were consultants who travelled from as far as Scotland and London) who heard from six speakers and listened to seven talks. Speakers spoke to the audience about topics as diverse as nail cancers, contact dermatitis and paediatric nail disorders.

"The event was held at the Queen's Hotel in Cheltenham"

Dr Takwale is a Consultant Dermatologist and Dermatology surgery lead who has been working in Gloucestershire since 2008. She has an interest in all aspects of dermatological disease but particularly in skin cancer, skin cancer surgery and hair and nail problems. Dr Takwale has developed and provided a comprehensive regional hair and nail service for the South West and beyond since 2011, with facilities to provide a greater variety of up to date treatment options and links with a pathologist, enabling deeper analysis and investigation of problems.

About Dermatology: this is the branch of medicine dealing with the skin, nails, hair and its diseases. It is a specialty with both medical and surgical aspects. The skin is the largest organ of the body and at one time or another, nearly everyone has some type of skin problem.



Dr Anita Takwale



Staff Stories: Introducing the DART

DART: Drug and Alcohol inReach Team

Our hospitals are benefitting from a new service to patients with substance misuse issues.

ARA (Addiction Recovery Agency) are working in partnership with CGL Gloucestershire to provide 'in and out reach' hospital support for patients with drug and/or alcohol use issues.

CGL (Change, Grow, Live) won the contract for Gloucestershire Drug and Alcohol services alongside a number of partners including ARA (who provide a range of other services in other areas including supported housing for people with drug and alcohol issues in Bristol). Other partners are Barnardo's (support for children and families) and Young Gloucestershire (providing support under ages of 18 in substance misuse) and Emerging Futures (aftercare support).

"DART is now providing on-site support for the ED"

DART is now providing on-site support for the Emergency Department and takes referrals from wards for patients with substance misuse issues. They provide confidential, one-to-one support for patients in hospital who misuse alcohol and drugs and offer harm reduction advice.

ARA Hospital Drugs & Alcohol inReach



Worker Hussain Patel explains: "We provide support at Cheltenham General and Gloucestershire Royal Hospitals by linking in with new substance misuse community support by completing referrals, assessments, helping to arrange bridging scripts and updating keyworkers with risks and providing any further information needed.

"We have a wealth of knowledge regarding what support there is out in the community and link in with other services such as probation, social services, housing, mental health and mutual aid and we can provide training to all hospital staff.

"Our role is to address the patients presenting with substance misuse in hospital, helping to lower the number of frequent attendees that present in ED by working with patients and multi agencies.

"We work alongside the Alcohol Liaison and Mental Health Teams and link patients within the community when discharged to provide continuation of support.

"The service works in partnership with CGL when clients are given medication to help with alcohol withdrawals, then they are discharged as medically fit to leave. We work together to link these patients in with CGL to explore medical interventions such as prescribing medication to maintain abstinence, formulating an aftercare plan and linking them in with services.

"We work together with the Hep C nurses for patients with alcohol or drug addiction"

"We are also working together with the Hep C nurses for patients with alcohol or drug addiction to ensure they are linked in to community services. We are working with the Liver specialists to ensure any clients with alcohol addiction, cirrhosis or poor liver condition are also linked in to community services for substance support."

- Referrals for patients presenting with substance misuse and wanting support within the community upon discharge please contact DART (Drugs and Alcohol inReach Team).
- Referrals from inpatient wards for patients with alcohol-related issues should be made to the Alcohol Liaison Team

Alcohol facts

It's easy to end up drinking alcohol at levels that can be dangerous to our health. Alcohol can quickly become part of life and before we know it, drinking alcohol can become part of a habit or routine.

There are no safe levels for alcohol, but lower risk is considered to be less than 14 units a week. Fourteen units is equivalent to six pints of average-strength beer or 10 small glasses of low-strength wine.

If you are drinking above this level, you could be doing yourself harm. The type of illnesses you can develop after 10 to 20 years of regularly drinking more than 14 units a week include:

- cancers of the mouth, throat and breast
- stroke
- heart disease
- liver disease
- brain damage
- damage to the nervous system

If you are worried that you may be drinking too much or you find it hard to track how much you are drinking at the moment, get in touch with [HLS Glos](#) where their team are on hand to chat with you about alcohol.



Positively speaking



Positive patients

This month we look at more of our NHS Choices reviews. As ever, the great care offered by staff has shone through in these reviews.

NHS Choices:

Eleanor said:

Attended Outpatient Physiotherapy yesterday for an appointment arranged through my GP with Respiratory Physiotherapist.

"Very impressed with service from all points of view"

Very impressed with service from all points of view. No time spared on the appointment with extremely knowledgeable and professional physiotherapist who was thorough in all aspects – assessment, information provision, guidance, detailed demonstration and explanation of treatment to follow at home subsequent to the visit. Could not have received better treatment even privately at my own expense. Grateful to NHS!

Jono said:

Yesterday morning, I was a blot whilst at work on the farm; I caught my right index finger in a piece of machinery, cutting it deeply (ouch!).

After talking to NHS 111 I was advised to visit my nearest a&e. Being in Bishops Cleeve, it was thither to cheltenham I went! I arrived and was seen almost immediately by a great person for triage. A cheeky wink on walking through the consulting room door told me they were happy to help and not at all judgemental about my idiotic injury.

It was not long before I was seen again, this time by a brilliant doctor who cleaned and did the necessary to my blighted finger (whilst I tried to man out seeing myself bleed), and they sent me to Radiology 1 for an X-ray to make sure there were no breakages or fragments left in my miserable finger.

Radiology 1 was a breeze! I would like to send my thanks to all at the Cheltenham General Hospital a&e and radiology departments for their wonderful work and apologies for my completely avoidable situation putting a strain on the nhs, please pass this on to those involved.

Anonymous:

On Sunday my mother was brought into Gloucester's A&E department.

We had been out walking when she had a horrific fall down a steep grassland bank. She sustained multiple injuries (broken arm, broken nose, fractured septum and cheekbone, as well as losing some dental work) and we were both in quite a bloody, emotional mess.

I had witnessed the fall and was obviously in shock myself. The ward was busy that day so there was a bit of a wait in between CT scans and x-ray etc but no matter because the care we received was first rate – everyone was exemplary.

We didn't feel like just another case to get through but were treated as individuals and, despite the pressure on staff, were given all the time we needed. Especially welcome was the cup of tea – it's the little things that count! Their calmness and professionalism but, more importantly, their humanity, towards both of us, was outstanding. A fine example of NHS staffing and yet another reason why the NHS is so, wrongly, undervalued!

Anon said:

Today I took my 90yr old mother in law to the maxillofacial outpatients clinic. We waited no more than 5 mins and we taken to an exam room by a very helpful and kind nurse. Our treatment and care were first rate. The whole team showed care and support to a lady with mobility issues and dementia. They couldn't have been kinder. We were back in our car and on the way home within an hour. Thank you all very much.

Twitter:

David:

Superb professional, caring service during recent outpatient, pre-operative & post-operative appointments. Thank you so much.

Kate:

Fantastic service at Cheltenham General A&E, pharmacy team and orthopod Mr Gatfield this morning. Thank you!

Jane:

Thank you to staff for my excellent care yesterday #glosnhsfoundationtrust #orthopaedic #alstoneward #cheltenhamhospital

OUR PATIENTS: *in their own words*

I cannot speak too highly of the friendly attitude all the medics involved, including all the theatre staff. The damage to my thumb was explained in great detail together with the future treatment required.

I came back to Orthopaedic Outpatients to have a cast fitted which was applied by the delightful nurse. Although there was some waiting involved, at no time was this unreasonable. Considering the pressures on the NHS I was very impressed with how I was treated throughout for what in the grand scheme of things was a relatively minor injury caused by my own error.

Something to be proud of

Introducing HECTOR

Older people who are admitted to hospital with traumatic injuries often have other health and social problems which complicate their treatment and potentially make their stay in hospital much longer. This can lead to higher death rates, poor patient experience and increased costs.

We believe that our patients should have the best care possible when in our hospitals and we are now the first Hospitals Trust in the South West to offer an innovative trauma course to help us do this.

"We are the first hospital in the South West to offer this"

HECTOR stands for 'Heartlands Elderly Care, Trauma and Ongoing Recovery' project and was originally developed in the West Midlands with impressive results, as ED consultant and GECC lead Tanya de Weymarn explains:

"When we describe trauma, we used to talk about car crashes, stabbings and other high velocity causes, but the majority of traumatic injuries, especially those seen in trauma units, like our trust Emergency departments, involve lower velocity mechanisms like falls from standing in older people.

"The effects of ageing (which none of us can avoid) mean these apparently minor events result in serious injuries.

"However, older people do not show



Tanya (centre) with colleagues

the same responses as younger patients to these events. For example, they don't always experience a drop in blood pressure or a rise in pulse rate (despite significant bleeding) or they might not drop their Glasgow Coma Scale (GCS) despite a significant head injury. This means they may be under-triaged if people are not aware of the subtleties of trauma in older people."

The HECTOR course is the result of years of research and quality improvement work carried out by the HECTOR team at the Heart of England Foundation Trust (HEFT) in the West Midlands.

The approach aims to provide the best specialised, integrated care from the point of arrival (including prehospital), through resuscitation and acute treatment to recovery and discharge.

By using this model the HECTOR team have significantly reduced complication rates and lengths of stay in hospital

from an average of 23 days to 17 days. This results in better patient and staff satisfaction, as well as cost saving. It's a very pragmatic and holistic approach to care of older people with significant injuries.

We are very grateful to Dr David Raven (emergency medicine consultant at HEFT) and the rest of the HECTOR team for allowing us to freely use their programme and resources, meaning this can be a cost effective course and hopefully allowing greater uptake for all of the multidisciplinary team.

"This course would be beneficial to anyone who cares for older people"

Tanya adds: "This course would be beneficial to anyone who treats and cares for older people in our hospitals. Trauma patients aren't always nursed on trauma wards and patients on trauma wards may well have significant medical co-morbidities. Furthermore, as said previously, serious traumatic injuries are often sustained when simply falling from standing.

- › Have you ever had an older person fall on your ward?
- › Did you consider them as potentially a major trauma patient?
- › Are you happy you know what to do next time?

In conclusion, Tanya says: "In May, we held a faculty training day attended by orthopods,



geriatricians and emergency medicine consultants, registrars and specialist nurses. All of them left extremely energised and said they'd learnt a great deal from each other.

"We'd love to have involvement from all other interested specialties including prehospital, surgery, critical care, anaesthetics and radiology to name but a few."

Living with and *beyond* cancer

Understanding holistic needs assessments

Since June 2015, we along with Gloucestershire CCG, Gloucestershire Care Services and Macmillan Cancer Support have been working towards the delivery of the Living With & Beyond Cancer programme.

For the hospitals this means embedding the recovery package and risk stratification into cancer services. The recovery package comprises four aspects: – Holistic Needs Assessments (HNA), Treatment Summaries, Cancer Care Reviews (conducted by GP) and Health and Wellbeing Events.

Macmillan Cancer Support is funding two project manager posts to support this work as part of its wider investment in the Living With and Beyond Cancer programme in the county.

The area of the programme with the most progress is HNAs where the aim is to offer all patients an HNA at least once in their care pathway, helping to ensure that their physical, practical, emotional, spiritual and social needs are met throughout their cancer journey.

Evidence suggests that a patient's holistic needs are likely to change at key points in the cancer pathway, such as after diagnosis and at the end of treatment. Having an HNA at these points helps identify the issues that need to be discussed and can be used to inform care and a support plan.

Samantha Bostock, one of our HNA

Emma Mitchell
Macmillan HNA
Programme Manager



"My primary role is to co-ordinate the implementation of HNAs within the pilot cancer sites of Breast, Colorectal and Prostate who have collectively become phase 1 of Gloucestershire's LWBC programme. Another major element of my role is to embed the delivery of HNA's into every day practice within these cancer sites."

James Curtis Macmillan
Programme Manager



"My name is James Curtis and I am the Macmillan Programme Manager for the Living With and Beyond Cancer (LWBC) programme within the Trust. My job is to oversee the implementation of the programme that comprises the recovery package and stratifying our follow up pathways to allow some patients to self-manage away from the hospitals"

Champions, explains further: "When you mention Holistic Needs Assessments, often the first thought is 'we haven't got time to do those' followed by 'what do we do with the patient's concerns?'"

"In radiotherapy we have been carrying out HNAs for a number of years. Initially we were worried about 'opening a can of worms' and not knowing how to help. All patients receiving a course of radiotherapy are seen by a review radiographer at intervals during their course of treatment, where they are offered an HNA.

"A cover letter and HNA form are given to each patient the day before their review appointment so they can fill the HNA in at home. They bring it to their review appointment and we incorporate it into our review. This is easy for us as we see patients daily for up to 7 weeks – so it fits into our pathway well.

"We quickly found that most concerns highlighted were related to radiotherapy and its side effects. These we deal with anyway – but we did find there were a number of other concerns that we had to try to help with.

"We have developed a referral document to use to find out where to get advice or information from. The most important thing we realised was that patients don't mind when we say we don't know the answer – as long as we say we'll find out.

"Time is a huge concern in our busy working day – but we incorporate the HNA into an already existing appointment – and don't

find it makes much difference. We find that making sure a patient has realistic expectations helps – they know we have limited time, that we may not be able to deal with all concerns at that time.

"Patients have found benefits to using the HNA – they feel they are 'given permission' to talk about the issues identified. Most concerns are easily dealt with through explanation of why they are experiencing something. Some are more difficult – but often patients just need to talk it through."

So really – HNAs are not as daunting as you'd expect. They need to fit in with the process and time you have available to you. They're a tool to help your discussions and can focus both you and your patient so that the time you have is used effectively.

Next month: meet the Macmillan HNA Support Workers helping in our Oncology Centre.



Our HNA Champions

Staff Stories

Focus on research

Oncology trial achievement

Over the last five years our Oncology Department has increased the number of commercial studies. Dr David Farrugia has been running a number of commercial studies.

The STAR trial is a multi-centre study that is investigating whether patients with advanced kidney cancer can have planned breaks in their treatment without compromising the benefit.

David explains: "Treatment breaks may improve patients' quality of life as they provide them with time without side effects. Kidney cancer is treated with biological treatments called tyrosine kinase inhibitors which can cause side effects such as fatigue, dry and cracking of the skin, sore mouth and high blood pressure.

"Treatment breaks may improve patients' quality of life"

"The study was first opened in a small number of hospitals to see how feasible it would be to conduct such a study. It was then opened in a second wave of cancer centres including ours.

"Latest figures show that amongst this second wave of centres, we currently in third place in recruitment into this trial."

In a second study in colorectal cancer called the SCOT trial (which has now closed) the 3



Dr David Farrugia

Counties Research Network recruited more than fifty patients and the local Principal Investigator David has contributed to two papers that are resulting from this study.

As an organisation we are taking part in over 100 clinical trials and other studies, and we pride ourselves on contributing to the development of new treatments and surgical techniques to help improve the care of our patients.

Our Research and Development team has received awards for their work in commercial trials Abbvie Pharmaceuticals Gold Star Award for recruitment into Lung Cancer Studies, both in 2015.

Voluntary therapists needed

Do you know a complementary therapist who would like to give up some time to help cancer patients?

Our oncology department are looking to add to their team of Volunteer Therapists, people who can give 3–4 hours of their time weekly or fortnightly.

We have an experienced team of volunteer therapists who work in our FOCUS Centre offering out-patients six complementary appointments. Our volunteer massage therapists are valued members of our team – without them it would be impossible for us to provide our current level of service to patients.

"Complementary treatments may positively help"

All therapists need to have a recognised qualification and a minimum of two years' experience – although it is not necessary for them to have worked in a hospital before.

We believe that complementary therapies can work together with medical and nursing care to improve patient wellbeing, reducing anxiety and enabling relaxation.

Complementary treatments may positively help a range of problems: aiding relaxation and easing tensions both emotional and physical, helping to manage anxiety levels, improve mood, emotional wellbeing, and assisting with sleep problems, fatigue and energy levels.

Therapies currently offered are: Reflexology, Reiki, gentle neck and shoulder massage and Indian head massage.



Commitments for volunteers:

- › To provide complementary therapies, following our Trust policies and guidelines
- › To work as a member of a multi-professional clinical team, giving appropriate feedback to the clinicians
- › To maintain professional competence by appropriate updates/training
- › To undertake an appropriate induction both corporate and in role

Benefits to volunteers:

- › Opportunities to develop the role to support patients and the team
- › Making friends
- › References can be provided on completion of three months volunteering, if required
- › Gain practical experience of working within a healthcare team
- › Recognition of volunteering contribution

It's a great opportunity for therapists to use their skills to give something back. If you can offer help, please talk to: Ali Williams, Macmillan Cancer Support Worker: 0300 422 4414 ali.williams@glos.nhs.uk

New patient menus

Our Catering services launched a new patients menu earlier this month which give our patients a wider range of dishes to choose from.

The change will enable the Trust to comply with PLACE and CQC criteria and involve moving to a two-week cycle, with the aim of ensuring our long term patients will not get 'menu fatigue'.

In addition to the standard patients menu, there is an increased selection for allergen, cultural, ethnic, modified texture, religious and other dietary requirements.

Meanwhile, in our restaurants, the patient menu change has enhanced our restaurant menus to include new daily theme bars and chilled desserts.

For a healthier lifestyle, the team are providing full nutritional information for our meals, so customers can



make an informed choice.

Trust Food & Beverage Manager Simon Aquilina: "We are committed in the restaurant to serve the best food we can at an affordable price and these new menus are helping us to achieve this.

"The menus will be reviewed often to reflect the changing seasons and customer requests."

Knowledge specialists

We are pleased to announce that our very own GHNHSFT library service has been chosen to provide a Knowledge Specialist service for Health Education England (HEE) South West and an Interlibrary loan and document supply service for the whole of the HEE South region.

"There was some stiff competition from other services"

"There was some stiff competition from other library services," said Library

Manager Lisa Riddington, "so we are very proud that our bid was successful, we hope that this will enhance the reputation of our library and our Trust."

The knowledge specialist role will provide literature searching, current awareness and training, Lisa said, "My team already deliver this service to our staff, so we are confident we can support HEE South with their evidence-based decision making."

The service will initially be for one year and has been commissioned by HEE South Library and Knowledge Services Regional Leads, Sue Robertson and Helen Bingham.

RCS President visit

The President of the Royal College of Surgeons of England, Clare Marx visited our hospitals in May to update the Surgeons on the activities of the College.

The visit also afforded us the chance for to showcase the innovative and ground-breaking work that we do at our hospitals on a daily basis.

Clare gave a talk on the role of the College to help guide training and promote standards on the backdrop of a real squeeze on NHS funding. This was followed by a range of clinical talks with the themes of local training and quality improvement projects as RCS Surgical Tutor Sarah Vestey explains:

"This is now being used nationally and admired internationally"

"The Ophthalmologists discussed their Medisoft software helping to identify in real time the patient outcomes for various surgery. This was originally developed by the late Rob Johnson and taken on by John Ferris who has also introduced simulation surgery. This is now being used nationally in 65+ centres and is admired internationally.

"The theme of simulation and training was reinforced with an insightful talk by the Head of Severn School of Surgery, Steve Eastaugh Waring who gave up an update on the RCS 'Improving Surgical Training' (IST) project that we have bid for. This will in time significantly improve the training experience of the core surgical trainees, initially in surgery, and later to other specialties including orthopaedics. A group of Deanery Simulation fellows also updated us on the



innovative regional boot camps for new surgical trainees, registrars and consultants."

RCS Surgical Tutor Jon Mutimer added: "Mr Dwerryhouse gave a talk on a national quality improvement project that has seen death rates after emergency abdominal surgery halve locally since implementation and Mr Hornby explained the use of a new technique used in oesophageal leaks which traditionally have a high complication rate. Early results show that this technically challenging procedure can improve outcomes significantly with encouraging early results.

"Finally Mr Kempshall presented the results of a huge effort to improve the pathway for patients with hip fractures which has reduced mortality by 27% so far. New methods including focused nutritional assessments see these patients actually gain weight whilst in hospital: not entirely due to their implant!

"We would like to thank all the speakers for their efforts preparing their talks. It was noted that Miss Marx was following up several of the speakers, taking some of the ideas away for further thought and possible dissemination showing that some of these projects are truly ground-breaking."



Mindfulness for children with epilepsy

Young people with epilepsy now benefit from mindfulness sessions, thanks to donations to the Cheltenham and Gloucester Hospitals Charity's EPIC fund.

There are approximately 500 children and young people with epilepsy in Gloucestershire, supported by the Paediatric Epilepsy Service based at Gloucestershire Royal Hospital, and the team's dedicated work is supported by donations to the Cheltenham and Gloucester Hospitals Charity's EPIC fund.

The EPIC fund provides extra care and specialist equipment, over and above the NHS, and runs patient and family peer support groups and counselling sessions to provide short term mental health care for children and young people diagnosed with epilepsy.

"They are now providing mindfulness sessions aimed at young people with epilepsy"

They are now providing mindfulness sessions which are specially aimed at young people with Epilepsy. These courses are being held over June and July and the group plans to run further sessions in future.

As one of the EPIC founders Helen Hyde explains, the mindfulness sessions really make a difference: "Our son Jimi suffers

from a rare and severe type of epilepsy, Landau Kleffner Syndrome. Together with three other mums and Debbie Dean from the Paediatric Epilepsy team at the Hospital, we set up EPIC three years ago to support Children and Young People with Epilepsy in Gloucestershire.

"Children with epilepsy are more likely than their peers to suffer from anxiety.

"As a mum, I know how hard it can be on daily family life, having to cope with seizures, medication, side effects and many other things; the list is endless. Doing the mindfulness course together with my son gives us a different approach to dealing with questions and anxieties at home.

"Over the last three years, the EPIC fund has raised over £13,000 which has purchased specialist equipment and allowed us to organise exciting events, such as climbing and bowling and helped several children through funding counselling sessions."

The sessions are paid for by the charity, so are free of charge for parents and children with epilepsy in Gloucestershire, but spaces are limited. To find out more, email: helenhyde81@gmail.com



Thanks to the Muslim Community

The Muslim Community in Gloucester has raised over £8000 for a new high-tech birthing bed for use in the Women's Centre at Gloucestershire Royal Hospital.

There are more than 6000 births in the county each year in units in Stroud, Cheltenham and Gloucester.

"The money was raised by fundraising and food sales"

Assistant Director of Maternity & Fertility Services Dawn Morrall is delighted with the funds, saying: "The new bed can be adjusted to different positions electronically, which means that women can maintain more upright positions, such as sitting, kneeling and standing, which encourages natural birth. This helps us to maintain our aim of encouraging all women to be up and mobile during their labour and birth."

A community volunteer commented: "As a community we have been in Gloucester for over 50 years, and in that time we have been supporting many charities and projects around Gloucestershire. The idea for the maternity bed was put forward, and we took up the challenge in raising the money. With the support of our dedicated volunteers and the community, the money was raised by fundraising and food sales."

Every age group in the community was

involved, with children taking a great role in the fundraising drive. One fantastic initiative was charging £15 for a three course meal delivered to people's houses; they raised over £1,200 of the total by doing this – a lot of cooking for the team!

Kate Green, Director of Fundraising for Cheltenham and Gloucester Hospitals Charity said: "We're so pleased to have formed this supportive relationship with the Muslim Community, who have kindly offered to consider raising more money for maternity as well as contributing to other projects."

The Hospital Charity's aim is to create a comfortable and positive environment for patients and staff, investing in improvements to our buildings, state of the art equipment and extra care over and above that provided by the NHS.





Here comes the sun..

Thanks to funding from our Cheltenham and Gloucester Hospitals Charity, our Skin Cancer Clinical Nurse Specialist team provided sun awareness sessions for our staff last month as a part of their pledge to enhance knowledge through education and by promoting healthy lifestyle choices.

This year's sun awareness proved a great success, as Lead Macmillan Skin Cancer Clinical Nurse Specialist Louise Pound explains:

"We had an excellent response rate and feedback was excellent. We booked appointments with almost 80 staff members. For the most part, the attendees were female, with only 5% being male.

"All staff members were sent a ten minute appointment"

"All staff members were contacted individually and seen in a ten minute appointment for sun protection advice, skin assessment and to answer any queries they had regarding skin lesions and how to recognise changes on their skin. The sessions were run by specialist nurses.

"It is not aimed as a clinical session, though we are happy to look at skin lesions and advise. Rates of skin cancer continue to rise internationally, and we know that early



detection and preventative action really does have an impact on the health of our nation. Where better to start this info giving than with our peers and colleagues at work?

"We were well resourced with samples of sun cream from sun sense and literature from the Karen Clifford charity, Skcin; we are all ambassadors for this charity which aims to promote education regarding sun protection to workplaces and schools.

"We plan regular sessions through the year, and hope that this initiative will continue to be supported by the Trust."



Henry trinder backs babies

Gloucester Rugby's Henry Trinder, Patron of Cheltenham and Gloucester Hospitals Charity, dropped in to see our midwives to support their fundraising appeal to provide specialist technology which will safeguard new babies from the life changing consequences of high jaundice levels.

Most babies experience some jaundice in their first days and weeks at home, but it also has the potential to lead to more serious conditions. It's important to find out the cause as quickly as possible as time is a key factor in the treatment of new babies with serious illness.

Head of Fundraising Richard Smith:



"Through our appeal, we aim to equip community midwifery teams across Gloucestershire with new portable technology called a 'Jaundice Meter' which will enable them to identify babies at high risk at the earliest possible stage. Each Jaundice Meter costs £5,500 and will benefit thousands of new babies and families in the local community."

Cancer patients helped by generosity

When Gwyn Cambridge heard that our Oncology Centre team were fundraising for new rise and recline chairs to give extra comfort to local cancer patients, she decided to give support in memory of her husband Dan to improve the experience for future patients.

'The Oncology centre was a great support to my husband Dan and myself during his treatment. When I realised I could help, there was no question that a large portion of the incredibly generous

donations collected in Dan's memory from family, friends and colleagues at Harrison Clark Rickerbys would be put towards funding new chairs. I am proud to be able to help in a small way."

Gwyn's donation funded three new chemotherapy chairs, which have greatly improved the experience for local patients fighting cancer, at a time when extra comfort makes a huge difference to them. The chairs are specifically designed to give comfort to patients receiving chemotherapy for long periods, enabling people to easily adjust their position during treatment.

Question time: your questions answered

Questions, questions – we all have them in these difficult times.

Now you have the opportunity to ask your own questions of a prestigious panel of decision makers in our county, and get some answers! Your questions could be about the NHS, social care, defence, law and order, regeneration or anything else.

Friends of Gloucestershire Royal Hospital are holding an event on Wednesday 19 July at 7.30pm in Redwood Education Centre where key decision makers in our county will answer **your** questions. Leaders representing a broad range of areas will be there to answer your questions, and the event is being chaired by Dame Janet Trotter.

Just £7 buys you a ticket to our stimulating Question Time panel event, so please contact Lis Wittin for your ticket – elisabeth.wittin@glos.nhs.uk or telephone 0300 422 5730



Your questions

Please submit your questions in advance – **by 6 July 2017** – to: elisabeth.wittin@glos.nhs.uk

All proceeds go towards building a *Changing Places* facility at the trust. *Changing Places* offer dignified, practical toilet facilities for disabled people.

Come and air your concerns, and help the Trust provide a much-needed service for our patients.

Members' events

Don't forget that all our members have the opportunity to get more involved across the year with our member's events.

At Cheltenham, these are held at Sandford Education Centre, and at Gloucester at Redwood Education Centre. They're a chance to meet staff and hear about areas that interest you. Each lasts an hour and a half and tickets are limited, so book early to avoid disappointment.

If you are interested in any of our events, please contact the membership office by calling Freephone 0800 019 3303 or email: membership@glos.nhs.uk

2017

20 July

6pm, CGH

Oesophageal cancer and the RAPIDE project

Oesophageal cancer is a type of cancer affecting the oesophagus (gullet) – the long tube that carries food from the throat to the stomach. It mainly affects people in their 60s and 70s and is more common in men than women. (NHS Choices: 2017).

The seminar will be led by Professor Hugh Barr (Consultant - General Surgery) and supported by the award winning Biophotonics Research Unit.

New members wanted

Membership is an important part of our Trust and when you become a member, you are actively helping to shape the future of our hospitals.

Do you know someone who might be interested in becoming a member of our Trust? Perhaps you could forward them a copy of this newsletter to give them more of a feel about what they could get involved in.

"Perhaps you could forward them a copy of this newsletter"

It is important to us that we have as many members as possible. We want to better reflect the diversity of the communities we serve and meet the needs of our local community, our patients and our staff.

We are very keen to encourage people to join the Trust and have their say.

Chief Executive Deborah Lee says: "I want to encourage a higher number of patients and Gloucestershire residents to become members – this really gives people an opportunity to get involved with the Trust – it gives people a voice."

To join our Trust, simply fill visit our [website pages](#) or in the form here: <http://bit.ly/2ulrxzx>



The big picture

Some of our fantastic nursing staff from the Philippines.

Involve

JUNE 2017

@gloshospitals a huge thank you to the maternity team at Gloucester Hospital for their incredible care in the birth of our new baby Oscar.

Twitter, June 2017

