

Involve

MARCH–APRIL EDITION 2019

Spring into action

Improvements for
CGH emergency
department

MORE DETAILS ON P7 [➔](#)

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Message from Deborah Lee



In this Spring edition it seems fitting to acknowledge every member of staff who has contributed to getting us through a challenging winter, although most of us are well aware that winter pressures are no longer confined to just a few months of the year...

March saw a number of 'firsts' - some of which I'd have rather avoided, including unprecedented levels of activity in our Emergency Departments and more patients whose discharge is delayed than ever before. When I arrived in the Trust 370 attendances in our A&E departments would have been a busy day so to peak at 500 one Monday is simply unprecedented; staff from site teams, ED and assessment units and wards were simply superb and as ever our partners across the patch did their very best to support us during these unprecedentedly busy periods.

When I arrived at the Trust 370 attendances in our A&E departments would have been a busy day

The crux of the issue however, remains the same which is better understanding of why so many more patients are taking recourse to our A&E departments given the range of alternatives available. As a



system we have agreed to hold a 'summit' to take stock of the current position, review the current priorities and agree what needs to change with an emphasis on a small number of high impact initiatives.

It's been a while since I provided an update on my aspiration for us to be recognised as a 'University Hospital' so I thought a quick catch up maybe of interest to you. Firstly, the Board has now endorsed this ambition and it will feature within our strategic objectives for the coming year; secondly a core group has now been established under the joint leadership of Simon Lanceley (lead executive director responsible for research) and Emma Wood (lead executive director for teaching).

The core group's first step will be to develop the business case that makes the case for the ambition, as it's clear that university hospitals status will not deliver itself and moreover, it is likely to require some significant investment in our research activities. With this context, the group needs to identify the returns we can reasonably expect from such an investment. It is likely

to require some significant investment in our research activities. One of the first 'investigations' they will be undertaking is to look at whether University Hospitals have a recruitment advantage over other hospitals.

It is likely to require some significant investment in our research activities

In mid-March we held one of our regular Gloucestershire Safety and Quality Improvement Academy (GSQIA) Graduation and Awards Ceremonies. Once again the range and quality of projects led by staff was phenomenal; this cohort's entries included a huge variety of projects undertaken by both clinical and nonclinical staff and projects ranging from work undertaken by a junior member of staff in Gloucestershire Managed Services (GMS) to look at how we might reduce the amount of patient property lost as patients transit around our hospitals to a project aimed at improving compliance



with all-important guidelines for the administration of intravenous drugs.

Another important, but perhaps less well known, quality improvement programme is the national Point of Care Foundation's Sweeney Programme which, again with support from the Patient Experience Improvement Team, has been embraced by the Trust. Founder, and GP, Dr Kieran Sweeney lighted upon the fact that despite being a caring and compassionate healthcare professional, it was only when he became a patient himself did he truly understand the value of stepping into the patients shoes and seeing care through their eyes. Using tried and tested tools and experiential techniques, the programme helps staff get as close to experiencing the patient's journey as possible.

The programme's underpinning principle is that staff can only truly consider what matters most to the patient, and then change their actions accordingly, if they are given the space, time and resources to understand the patient's perspective; the programme affords staff this opportunity whilst equipping them with tools to bring about quality improvement. This month, staff member Nathalie Forsey, Sister on Ward 4a, was awarded the status

Message from Deborah Lee

of Sweeney Star by the Point of Care Foundation for the work she has done to improve the discharge experience of patients and families across four of our wards Nathalie Forsey, Sister on Ward 4a, was awarded the status of Sweeney Star.

I'm super proud to announce that Rendcomb ward at CGH has been nominated for National Nursing Placement of the Year; this is a phenomenal achievement given the number of students that are placed throughout the NHS (and wider) every year. Given how very busy all our staff are, it is incredibly heartening to hear time and time again that staff at all levels, in all disciplines are still taking the time to value and deliver high quality teaching. Without this, we will not generate the doctors, nurses and therapists of the future. Fingers crossed for a place on the podium and a huge thanks to all those that make our Trust such a positive learning environment.

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Our histopathology laboratory has successfully secured national re-accreditation by UKAS, which is a huge achievement. Every year the standards and expectations get more demanding and with a backdrop of increasing demand and some significant workforce challenges, this is a huge achievement and testament to the many staff that go the extra mile on a regular

basis to ensure standards are maintained. Congratulations to everyone involved.

I recently undertook my CQC Executive Reviewer training; why and what's that you might ask? Well, firstly, I decided I should be prepared to join the scarce pool from whom they select their teams and secondly, spending time in other Trusts, from those rated inadequate through to outstanding, can only help us in our journey of quality improvement. This is just one of the opportunities that flows directly from being a Trust rated as Good as you can't be an 'inspector' unless you come from a Good or Outstanding Trust yourself.

I got a glimpse of what outstanding looks like in day surgery when I spent a recent Friday afternoon with staff at Cirencester Treatment Centre. Whilst, undoubtedly, a service aided by its environment, as ever, it was the staff that made the difference. I was interested to hear the service's journey from its independent sector origins to NHS service and delighted to hear Ellie Robertson (who has travelled the journey) describe how the best of the private sector approach has been carried forward and married to the best of the NHS philosophy and to hear ODP, Simon Forryan talk about his vision for the Centre and plans to treat even more patients.

We talk a lot about Service Transformation and are often looking for the single 'silver bullet' to address the issues we face but in my experience, we most often transform care and services through a number of small transactional changes which have a transformative impact and I think Cirencester Treatment Centre is a good example of that. With just one empty half day list on

a fourth Friday, the service has increased theatre productivity by a massive 59.6% in the last year and outpatient procedures by 26% (and with more to come in this area). The team are also thinking outside the box, a skills 'audit' revealed that three of the staff working in theatres are pre-op assessment trained and they are now putting proposals forward for how they could develop this service too.

I got a glimpse of what outstanding looks like in day surgery when I spent a recent Friday afternoon with staff at Cirencester Treatment Centre

My ongoing observations about whether we sing our own praises often enough, prompted consultant and Clinical Lead for Hepatology Services, Dr Coral Hollywood to email me and let me know about the spotlight from BBC Points West, on the fantastic work that the team have been doing. In what was a 'doom and gloom' story about the rise in alcohol related admissions throughout the South West, they featured one small oasis in the Region – Gloucestershire - which is not only bucking the trend of rising admissions but



Cirencester Treatment Centre



Cirencester Treatment Centre

has reduced them by 15% over the last six years. Well done to this outstanding team!

Outstanding: the GSQIA Way

The Gloucestershire Safety & Quality Improvement Academy (GSQIA) was recognised recently by the CQC as Outstanding.

Created in 2015, the Academy was developed to build quality improvement capacity and capability within the Trust and to establish the Gloucestershire approach for improvement.

To date they have delivered the Bronze Introduction to Quality Improvement training to 2000 staff, including 455 doctors, 170 AHPs, GMS staff, administrative staff and our Chief Executive and Chair.

The GSQIA team have facilitated 126 staff through the Silver Quality Improvement in Action programme (around 100 projects). They have trained 8 Gold Quality Improvement Coaches with a further 32 Gold Coaches progressing through the programme.

To date they have delivered the Bronze Introduction to Quality Improvement training to 2000 staff

GSQIA have a strong relationship with the Library to bring evidence into practice through literature searches to support improvement projects which has been very successful. The Library team are an integral part of the Silver and Gold programme. The Patient Experience Improvement Team

are part of GSQIA and are building patient involvement, & engagement approaches into quality improvement projects and have also recruited the first QI volunteer.

The GSQIA has also been able to recruit the former Medical Director Dr Sean Elyan as Clinical Lead who will bring great experience and a wealth of new ideas to broaden our horizons.

The CQC report said: "Across the trust there was a fully embedded and systematic approach to improvement called the Gloucestershire Safety and Quality Improvement Academy (GSQIA). This framework empowered front line staff with the tools to support a change and implement a quality improvement project."

Last year, as part of a 'Continuous Improvement Communities' workshop organised by the One Gloucestershire Integrated Care System (ICS), Don Berwick, President Emeritus and Senior Fellow at the Institute for Healthcare Improvement (IHI), and Professor Sir Chris Ham, Chief Executive of The Kings Fund visited the Trust. It was a fantastic opportunity to hear Don speak and to receive feedback on what we are doing here in Gloucestershire. He commented, "I've not had an experience on one of these visits as exciting as what is happening in Gloucestershire. I don't think I've seen anything quite like this."

"The other thing that is remarkable here is the thorough integration of scientifically based quality improvement into everything you're telling me. These posters are remarkable. You've got driver



The GSQIA team

diagrams and control charts and PDSA cycles at a level of discipline and spread that I just haven't seen in many places."

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Andrew Seaton, Quality Improvement & Safety Director at the Trust set up a new Delivering Improvement Network in 2018 in response to the large number of visits the GSQIA team were receiving from other Trusts around the country to learn about what they were doing. This network has grown over the subsequent months and is now made up of 42 members from Gloucestershire to Bristol,

Leeds to Southampton, Wirral to Harlow and Frimley to Sussex. This supports learning and sharing as part of a wider national learning system to develop the way improvement is delivered locally.

The GSQIA team are also active members of the Health Foundation's Q Community, a national network of clinical and non-clinical improvement practitioners. It is a requirement for Gold Improvement Coaches to join this network as part of their ongoing development and networking. The Q Community is open for applications throughout the year.

Chief Executive Deborah Lee commented, "One of the best things about our Quality Academy isn't just the way they support all of you to innovate and generate new ideas but they are forever innovating themselves."

The GSQIA Way: continuous innovation

GSQIA recently hosted their first collaborative #QIhour Twitter Chat with QI colleagues from Nottingham, the Wirral, Harlow and East London.

This was a success with 114 contributors, 670 total tweets and 1,158,740 impressions (the number of times a #QIhour tweet was shown in a Twitter user's feed). The Tweet Chats are now supported by NHS Horizons, who kindly provided the analytics following the first event, and the Academy of Fab NHS Stuff. The next chat will be held at 8pm on 1st May on the topic of Measurement for Improvement, joined by Samantha Riley, Head of Improvement Analytics at NHS Improvement.

Margaret Collins, Specialist Nurse Nutrition Support Team said: "My first tweet chat #QIhour reminded me of the importance of involving patients."

GSQIA have also been linking with the Academy of Fab NHS Stuff. The Trust has 3 Fab Ambassadors: Matt Little, Matron for Gastro, Endoscopy, Dermatology, Rheumatology & MDU, Donna Little, ANP in Trauma & Orthopaedics and Lou Waters, GSQIA Coordinator & Trainer. Fab NHS Stuff describes itself as 'a social movement for sharing Health & Social Care ideas, services and solutions that work'.

Our Fab Ambassadors are part of a national network supporting this philosophy and sharing what works well and learning from others. Learning from each other and

building relationships on a wider scale is part of developing your social network. Look out for Fab Change Day later this year.

Part of GSQIA's Journey to Outstanding is to facilitate building quality improvement into everything that we do and making continual improvement part of life here in the Trust. This growth of a social improvement movement driven by GSQIA was picked up on within the CQC report

"Staff said that this had created a recognisable brand, and some described it as a "social movement"

You can find GSQIA on Twitter, Facebook, LinkedIn and Instagram and they have their own hashtag #TheGSQIAWay which represents the structure, tools and philosophies we apply to quality improvement in Gloucestershire Hospitals.

You can also add a Gloucestershire Hospitals Improver banner to your profile picture on social media, and of course there are the coveted Bronze, Silver and Gold badges awarded to staff who complete QI training. They produce a quarterly newsletter which is sent to a large distribution list and shared online as well as sending out a monthly update of opportunities, news and information.

GSQIA are continually reviewing and improving what they do, and recently met with colleagues across the wider Trust

including Leadership and OD, Research, Library Services and Divisional and Corporate representatives to identify ways in which we can work collaboratively together. There is a new Quality Framework being rolled out across the Trust which looks at Quality as a whole including Quality Management, Learning Lessons, Quality Improvement and Quality Assurance. The Framework flips Quality management to encourage teams to look at 'what is important to you' and identify improvement programmes locally in a coordinated and structured way.

My first tweet chat #QIhour reminded me of the importance of involving patients

They ran their first QI Open Surgery in early April with some interesting discussions with those who attended. These are open to all Trust staff to talk about ideas for improvements, and seek support for ongoing projects taking place both within the Academy Silver programme and projects taking place beyond completion of the Silver programme.

Staff nurse Charlotte said, "Your ideas are important to make our services better! You can do it, the support is great, you will not be alone in the process. You will learn everything you need to know in the program sessions. Only issue is once you've started, you want to keep doing QIs!"

Staff coming through the GSQIA programmes have submitted and had



posters accepted at national conferences. Additionally a number of staff have been shortlisted for and won awards, both internally at the Silver Graduation and Award Ceremonies throughout the year and externally at national award celebrations.

For loads more information and updates, please follow the team on twitter [@GSQIA](https://twitter.com/GSQIA)

Using digital technology to improve care

Executive Chief Digital & Information Officer, Mark Hutchinson, talks about the importance of achieving our goal to deliver an Electronic Patient Record in our hospitals.

"Since I joined the Trust 15 months ago, I have been focused on improving the performance of our IT and getting the foundations in place for a bigger digital transformation. While this work continues, we've been looking at how we can get back on track with our original plan to launch a full Electronic Patient Record (EPR) in our hospitals.

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"If I take my car to an Audi garage, their staff will have easy access to information about my car; when it was last serviced, what issues were identified and what work was carried out, what parts were replaced, regardless of whether that took place at the dealership in Gloucester, Cheltenham, Manchester or anywhere else. This kind of rapid access to a full health record for our patients, available at any time from any location, is simply not available to staff in our hospitals.



Mark Hutchinson

"Our clinical teams regularly go above and beyond to care for patients and it's fantastic that this dedication has been recognised and validated by our recent CQC inspection. But how can we move on from 'good' to 'outstanding' without elevating our technology standards so they at least meet the service we expect from our car dealerships, banks or supermarkets? While health is different, the advances in technology in other sectors show us not just what is possible, but also what consumers have come to expect.

Mark continues: "Technology has no value in and of itself, but the power it unleashes for the people who use it is vast and our clinical staff are understandably frustrated that we still provide most of our care using paper as we did when the NHS was founded in 1948.

"We set out to address this four years ago, when we built a business case which described the multiple benefits a new Patient Administration System (PAS) called TrakCare and an EPR would

deliver. This was followed by two years of delay in launching the PAS and a further two years in 'recovery.' All of which has meant that we have very little EPR clinical functionality in our hospitals today.

"TrakCare PAS was not live in any other hospital in England when we decided to buy it. It's now working well as a PAS and we're fully committed to maintaining as such in the future, further developing and improving it to meet our needs.

But as we look at launching much-needed digital clinical tools, such as electronic documentation and observations, prescribing and ordering, we have learned from this experience.

"Our board have agreed that our EPR journey should be top of our list of priorities in our digital strategy. This is unfinished business for us and is the single biggest change we can make to improve care.

This is unfinished business for us and is the single biggest change we can make to improve care

"In our search for the right EPR for us we defined the following statements:

- Our EPR must be already working well in other hospitals in England. This is important as we wanted to be able to speak to clinicians who use it, find out if it works for them, if they can adapt it to meet their needs, if we



can take and re-use things they've already built and know work well

- Our EPR must work with our TrakCare PAS. We're committed to keeping our PAS and maintaining our relationship with TrakCare
- Our EPR must provide a 'single system experience' for staff. We don't want to create yet another system for staff to log in and out of. We need our EPR to be the only place a clinician needs to go to enter and access clinical information. So our EPR must be able to seamlessly integrate and connect with all the many systems we use today.

If you have any questions about any of the above, please get in touch with your local Governor who will be happy to help.

Further updates on our digital transformation journey will be shared in Involve in the coming months.

Improvements for CGH Emergency Department

Having successfully secured £920,000 funding to improve the Emergency Department (ED) at Cheltenham General Hospital (CGH), building work will begin imminently.

Throughout the summer contractors will improve the reception and waiting room areas at ED as well as enhancing site security. During this period the ED reception and waiting room area will be relocated to the old fracture clinic in College Road wing, where the GP out of hours operates.

Temporary access for walk-in patients between 8am and 10pm will be well signposted

Temporary access for walk-in patients, between 8am – 10pm will be well signposted. Patients being blue lighted will still use the current entrance for ambulances as will walk in patients between 10pm – 8am.

What difference will the changes make?

For patients: Patients will be seen in a more effective and timely way as a result of services being more integrated. The out of hours GP service will share a new joint reception with the ED and

in due course patients will be able to receive an appointment to see a clinician via NHS 111, reducing waiting times in the emergency department.

For staff: There have been a wide range of benefits for staff both from a clinical as well as clerical and administrative perspective. These include integrating emergency care provision through closer working with the GP Out of Hours service, an updated and redesigned reception and waiting room and improved pathways through collocation of the ambulatory emergency care service alongside ED.

What has the project involved?

As well as the physical improvements to the Emergency Department, the money has helped support a series of service moves/relocations behind ED which combined will improve the way emergency patients are streamed and how planned care is provided. In total, 21 separate moves have been completed as part of the improvement work. These include:

- Relocation of Pre-Operative Assessment into a dedicated department space in St Pauls, including the creation of three new consulting rooms.
- Relocation of orthopaedic admissions suite to Hazleton Ward including the establishment of a 23-hour stay ward within the department.
- With the assistance of the FOCUS

charity - Creation of a dedicated Urology Outpatients Hub in Oakley, allowing urology MAD Clinics to be established in CGH (allowing patients to receive cancer diagnostics in a single outpatient appointment), and collocating the consultant offices and admin support on-site for improved communication and access to clinical support for Cancer Nurse Specialist clinics and continence clinics (also both now located within the new urology hub).

In total, 21 separate moves have been completed as part of the improvement work

- Conversion of an administrative area into a new clinical outpatient department for the Ante-Natal Clinic – located adjacent to the birthing suites for improved clinical adjacencies.
- Relocation of the fracture clinic to St Pauls, establishing a larger footprint for the department including an increased number of clinical rooms for the service.



Adjusting our visiting hours

Following a change last summer to the visiting hours on our main adult wards, we are making some adjustments to them from May 6 this year.

As many of you may remember, we held a survey last year during the first three months of the new visiting times to ascertain reactions from patients and staff.

We believe this compromise will work well for everybody

Chief Nurse Steve Hams: "While patients and visitors were overwhelmingly supportive of the more flexible visiting hours, we were aware from the beginning that the new hours presented ward staff with challenges at particular times of day.

"We have looked at our visiting survey results and the responses we received across social media together with the comments from staff on the wards and have come up with a compromise that we think will work well for everybody."

Having taken into account the opinions of everyone who took the time to comments and express their views, the new visiting hours will be implemented from 6 May.

Steve adds: "Trimming two hours from the visiting times in the morning and another at the end of the day will give colleagues more time to complete patients' care needs without interruption.

Staff said:

- › "I think the morning should be kept visitor-free to allow patients who maybe had a bad night time to recover, medication easier to administer and rounds easier to get done"
- › "The doctors need time to do their rounds and the nurses their jobs. I think 11-9 would have been better"
- › "Working on elderly care ward there is not enough time to get patients toileted and washed in the morning. I find it comprises their privacy when a visitor is visiting a patient in the next bed"
- › "I feel 12-8pm would work much better, giving patients rest and privacy, also enables staff to be under less pressure"
- › "Too long, because some patients may also find the length of visiting time too tiring!"

"However, we know that it is really important to have our visiting as open as possible, so we are pleased to be maintaining a nine-hour visiting period that we hope will remain popular with visitors."

More open visiting remains in place in many areas including critical care, maternity and

Visitors said:

- › "It saves patients being overwhelmed by visitors, all trying to see them in a shorter window. It also means people with other commitments can still make hospital visits"
- › "I hated having to say goodbye to my husband when the far-too-short previous hours were up. The old visiting hours had a very negative impact on my mental health and treatments during my stays"
- › "It gives relatives and friends more opportunity to come and see their loved ones, rather than being restricted to a short afternoon"
- › "Helps elderly visitors who rely in public transport to stay in touch with spouses"
- › "Makes life easier, can spend more time with my distressed father and calm him, able to speak to medical staff over longer time periods so there is less urgency and stress for them"

the children's centre, while visitors who require additional visiting provision on compassionate grounds should speak to the staff on the ward to discuss their needs.

Comments or questions?
email us: ghn-tr.comms@nhs.net

Our visiting times have changed!

Visiting hours on the main adult wards across our hospitals are now 11am – 8pm

The hours have been revised slightly following feedback from staff and patients and will be in place from 6 May.

We believe that the new hours balance the care needs of patients with the opportunity for relatives and friends to visit them in our hospitals throughout the day.

Revised
Visiting Times:

11am - 8pm
every day

A problem shared

Shared Lives Carers provide a home and family to someone with care and support needs, enriching and helping them to make the most of their life.

Gloucestershire County Council is aiming to recruit 40 new Shared Lives Carers over the next two years. Gloucestershire Shared Lives provides flexible care and support for adults who are unable to live independently, on a short or long term basis.

As a Shared Lives Carer you could make a real difference to someone's life by providing support for them in your home, allowing them to move out of traditional residential or social care. Carers' personal circumstances are all different and the support you provide would be matched to suit your experience and ranges from helping with everyday tasks, to more specialist skills.

Support is also provided for people who are fit to leave hospital

Shared Lives Carers provide short term support to help people who need time to adjust to living independently, for example teaching them to budget, shop and cook. Support is also provided for people who are fit to leave hospital but not quite ready to return to their own home, to get back on their feet; and there are longer arrangements as well as short respite breaks,



some for just a few hours, caring for people with specialist long-term care needs. If you or someone you know is interested in being a Shared Lives Carer the team would love to have a chat. Whatever your background or skills, our expert team will be on hand to give you all the training you need and match you according to your lifestyle.

Shared Lives Carers receive ongoing training and support. Living expenses are paid and Carers have access to preferential tax arrangements. Find out more by visiting our website gloucestershire.gov.uk/shared-lives. Or telephone the Shared Lives team on 01452 426237. You can also email shared.lives@gloucestershire.gov.uk

The Shared Lives team welcome conversations with healthcare professionals who have patients who could benefit from the Shared Lives scheme. For example, if they are medically fit to be discharged from hospital, but need further support.

[Watch Stella and Jean's story](#)

Sue Ryder support

Sue Ryder Leckhampton Court Hospice is now offering patients access to a Sue Ryder Patient Line, offering palliative care support and advice from 8am until 8pm, 7 days a week.

This phone line is available to patients, families and carers of people receiving care from, or being referred to, Sue Ryder Leckhampton Court Hospice and any of its services.

The aim of the Patient Line is to help keep patients at home, reduce hospital admissions and facilitate early supported discharge from inpatient care settings where possible.

Hospice patients are being given leaflets explaining how and when to call. The phone line is not an emergency service and patients are advised should they need urgent medical attention they should contact their GP or District Nurse in the first instance, or if outside their GP's working hours, call NHS 111.

Healthcare professionals can continue to obtain advice for their patient's palliative care needs from the Community Specialist Palliative Care Team based at our hospitals on 0300 422 5370 8am until 5pm; and 0300 422 2222 at other times.

If you have any queries about the new phone line or expansion of Sue Ryder's Hospice at Home service please email Elise Hoadley, Hospice Director at Sue Ryder Leckhampton Court Hospice elise.hoadley@sueryder.org

Patients: in their own words

I was admitted to hospital on Monday, by my GP. I cannot express my gratitude enough to Dawn, the HCA in A&E and the staff on ACUC. But my most grateful thanks go to the Doctors, excellent nurses and domestics on Knightsbridge ward.

You were always happy, kind, caring and professional throughout my stay. You have a great team and could not do enough to help, thank you

RESEARCH STORIES: CLINICAL TRIALS

Radiotherapy research

We take part in over 100 clinical trials in our hospitals each year and our Radiotherapy team is one of many of our clinical teams who are enabling us to offer the latest techniques and treatments available in our hospitals.

Research Lead Radiographer Anne McKenna is working with her team and trial principal investigators (PIs) on a range of clinical trials.

RAIDER is one of those; a trial for patients who are receiving radiotherapy for bladder cancer. This involves the design of three treatment plans (small, medium and large) and highly-skilled radiographers then chose the one that fits the bladder on the patient's treatment day; this is called 'adaptive radiotherapy'.

This allows us to find out whether a higher dose of radiotherapy can be given to the tumour only and to see if this will reduce the chance of the cancer returning

Adaptive radiotherapy may allow treatment to be given with smaller safety margins which may lead to fewer side effects for our patients. The trial is also using 'tumour-focused' radiotherapy to focus the highest dose of radiotherapy on the bladder tumour, which means that the rest of the bladder can be given a lower dose of radiotherapy.



Anne McKenna and Gillian Bestwick

It also allows us to find out whether a higher dose of radiotherapy can be given to the tumour only and to see if this will reduce the chance of the cancer returning.

Participating in clinical trials means we are able to offer new treatments and approaches earlier to our patients, as Anne explains:

"I have been working here since 2005 and started working with the trials in 2014. All of my trials are portfolio trials supported by the NIHR and I like the fact that we are able to offer our patients the cutting edge, newest treatments. I love radiotherapy and am really proud to be a therapy radiographer, although no one really knows what it is we do! We specialise in delivering targeted radiotherapy for patients – it is very different to diagnostic radiotherapy.

"Radiotherapy is developing at a rapid rate at the moment and we are able to offer individualised treatment to our patients, taking more finely detailed images, targeting the therapy and reducing side-

effects for our patients. When I started as a radiographer, we used to take 2D images, but now we can take a cone beam CT scan of our patients; we are constantly learning in this field and it is never boring."

We specialise in delivering targeted radiotherapy for patients – it is very different to diagnostic radiotherapy

Prostate cancer accounts for 25% of new cancer diagnoses in the UK, and is the most common cancer diagnosis in men. Patients with intermediate and high risk localised prostate cancer are recommended to have either radical prostatectomy or radical radiotherapy combined with hormone therapy. 20-30% of those in higher risk groups are likely to recur following radiotherapy. Intensity modulated radiotherapy (IMRT) and image guidance techniques provide scope for intensifying prostate radiotherapy treatment whilst minimising any associated increase in radiotherapy related side effects. It is, however, currently uncertain whether promising results from planning and cohort studies of these approaches would translate into improved outcomes, without substantial increase in toxicity, in the context of a randomised controlled trial.

PIVOTALBoost is a phase III randomised controlled trial of prostate and pelvis versus prostate alone radiotherapy with or without prostate boost and aims to determine whether the addition of pelvic

node IMRT and/or prostate boost to standard prostate IMRT improves failure-free survival (FFS) compared to standard prostate IMRT alone in patients with high or intermediate risk localised prostate cancer. The trial opened in the summer (2018) and Research Lead Radiographer Anne McKenna and Advanced Practitioner for Research Gillian Bestwick (pictured) have been recruiting to the trial at our hospitals.

PIVOTALBoost is a randomised controlled parallel 4-arm phase III multicentre trial in men with localised high and intermediate risk prostate cancer. Consenting patients are randomised to receive either:

- A) Prostate IMRT (control)
- B) Prostate and pelvic IMRT

All radiotherapy is delivered using image guidance. Patients will be followed up for disease outcome, acute and late toxicity and quality of life; health economic details will also be captured.

Anne adds: "Pivotal boost is giving our patients the opportunity to participate in high quality national research which will help us to improve the future treatment of patients with prostate cancer."

Our Radiotherapy team is participating in 7 clinical trials at the moment and, thanks to the recruitment of Gillian's new role in the team, Anne believes we will soon be offering our patients the opportunity to take part in more trials and give them access to the latest techniques and treatments.

RESEARCH STORIES:

PQIP investigates operations

Around 10 million operations are performed in the NHS each year. What happens to these patients? What are the complication rates? What is patient recovery like? Are we providing a good service? We are taking part in a national study aimed at answering exactly those questions.

PQIP was established in 2016 by the National Institute of Academic Anaesthesia's (NIAA) Health Services Research Centre (HSRC), working on behalf of the Royal College of Anaesthetists, and in collaboration with the Royal College of Surgeons (England), the Royal College of Physicians, the Royal College of Nursing, the Faculty of Intensive Care Medicine and the Faculty of Pain Medicine plus a number of professional specialist societies.

We joined the study in August 2018 at our hospitals and the aim is to recruit five patients per week over two years to share their feedback through the survey.

Research Nurse Jon Glass has been recruiting our patients to this improvement trial:

"It is an interesting study as it is important that we are looking to improve and do



Jon Glass and Dr Henry Murdoch

things differently in the peri-op pathway. This is about getting an idea of what patients feel about the service. It is an anonymous survey and we have had 82 participants to date. The study works by me firstly looking toward the week ahead by identifying patients undergoing eligible major surgical procedures. I then go to see them on the day of their surgery and discuss the study with them and answer any questions they may have. If they agree they sign a consent form to participate, I then give them a questionnaire which pre-operatively aims to find out about their health and wellbeing in the weeks and months leading up to surgery. Also, data is collected by anaesthetic and recovery teams during the surgery.

"Another set of questions are completed on day 1 post-op which find out more about their experience with the anaesthetic and the potential side effects; for example, are they in pain? Have they experienced nausea

and vomiting, shivering or other side effects?"

"Additionally we share a satisfaction survey which asks whether they were satisfied with the information provided by the anaesthetist before surgery as well as a friends and family recommendation question; we haven't had a no yet which is a good sign! I then visit them again on Day 3 for another question set, similar to some of the pre-op questions which make a comparison between the two. Patients are then followed up again at 6 and 12 months post-op respectively."

Consultant anaesthetist Dr Henry Murdoch is the Principal Investigator (PI) and responsible for the conduct of this research at our Trust. We met with him in the Theatres department in the Tower Block to find out more about the study from his point of view.

"In essence, what we are hoping to do is to improve the quality of care we are providing to our patients. We hope this study will help identify areas in the peri-

operative pathway for improvement, whilst allowing us to benchmark our performance against other trusts nationally and hopefully lead to better care for our patients. The first report from this nationally run study has just arrived. Initial interpretation shows we are recruiting above the national average for some specialities.

We hope this study will help identify areas in the peri-operative pathway for improvement

Also, the number of patients who drink eat and mobilise early post-op is also above national average and reassuringly, 96% of patients are very satisfied with their anaesthetic. It does however highlight areas to focus on. We intend to report further once we have fully analysed the data and can then look for improvement as we will receive reports every four months from the PQIP sponsor team. It is a really valuable study because as well as allowing us to analyse our clinical practice we can also understand our patient's expectations from surgery and whether we are meeting these expectations. For patients having major surgery, this will allow us to take their thoughts into consideration."

Find out more about the PQIP trial at www.pqip.org.uk or to find out more about clinical trials, visit the Research pages on [our website](#).

Positively speaking

We get reviews and messages every week across our social media channels. This is just a selection of those received over the last two months.

Facebook:

Linzi: I cannot praise the staff on Hartpury Suite at CGH enough. To say I was petrified is an understatement and they went above and beyond to make my experience as comfortable as possible what a great team! With a special mention to Claire thank you!

Thank you to all those involved in my care, on the ward and in theatre, you made a difficult time for me as painless as possible

Louisa: I have just received excellent treatment at Gloucestershire Royal hospital and in particular from the staff on ward 9a who did everything to make my stay comfortable. Thank you to all those involved in my care, on the ward and in theatre, you made a difficult time for me as painless as possible.

Steph: Having being admitted to CGH on Mother's Day I have received excellent service of care and treatment. I would like to thank all members of staff from A&E, ACUC, Woodmancote ward. I hoping to be home soon but my care has been very well managed. Thank you.

Amanda: Went in today for a small surgical procedure and all the staff on Mayhill were kind, lovely and kept your spirits up through all the waiting. Thank you for a nice experience.

Gary: I would like to thank all the staff for the excellent care I was given during my emergency inpatient stay, from out of hours, A&E, MAU and a special thanks goes the staff of ward 2b. You are friendly, professional and extremely hard working.

NHS UK

MS: My treatment (an angiogram and angioplasty) was carried out with apparent success. The procedure was early in the day as I'd previously notified the hospital that I had no-one else at home, so they said they would aim to monitor me through the day without needing to be kept in overnight.

While on Hartpury Suite, the nurse or trainee made regular checks pre- and post-operation, both to carry out the necessary tests and readings and to ascertain that I was feeling okay. The nursing staff were polite, friendly and reassuring. I was pushed by trolley to the theatre (although I could easily have walked!) I encountered quite a wide range of personnel during my 9-hour (plus) stay, but all were equally helpful.

I can confirm that the facilities on the ward were spotlessly clean and easily accessible. I understand that it can get much busier on other days, but thank you to all involved and credit where it is most definitely due.

Marc: From the moment I arrived to discharge I felt totally at ease & comfortable. I really want to say a massive Thank you to the consultant & all her staff that looked after me. I really respect all the hard work the staff do at GRH, you're all amazing especially the nurse who looked after me in Theatre Recovery, she really went out her way to make me feel more comfortable and pain free. Thank You All At GRH.

Gerry: I was extremely nervous because of the speed and apparent urgency of my admission but the sheer professionalism of the Admission Ward staff immediately allayed this. I was a referral from another hospital and all of my notes were unavailable great care was taken to ensure that all required information was gathered and verified.

Every single member of the staff who dealt with me did so in a way that made me feel special and valued

As I was awake during the procedure, I was able to hear the directions of the surgeon and I was very impressed at his professionalism and that of the theatre staff. The operation required a four hour stay in Recovery and I was assigned a nurse for the entire time.

The ward staff were equally as impressive in their friendly approach and respectful conduct. I felt fully



informed at every step of the procedure and I was impressed by the inclusion of my wife by my consultant, taking a great deal of worry off her shoulders.

In a world where the NHS and its staff are consistently abused, EVERY single member of the staff who dealt with me did so in a way that made me feel special and valued. Well Done! You run a wonderful hospital.

Twitter:

Martyn: Is there anything better than tea and toast? (Current status 3hrs post surgery and being looked after v well and listening to @themarkrad) @gloshospitals

W: I'm four years post-Ivor Lewis, undertaken with curative intent for oesophageal cancer by the brilliant Simon Dwerryhouse and aided by the entire team, cleaner to clinician, at Gloucester Royal. Grateful and in awe.

Follow us on social media to see more wonderful feedback: @gloshospitals.

Making a difference in Delhi

Consultant Rheumatologist Dr Elaine Smith has recently returned from working in Delhi and spoke to *Outline* about her work out there.

"I have recently returned from working as a medical volunteer, for the NGO Asha, in the slums of Delhi. My last visit was in February 2015. I carried out daily musculoskeletal and general medical clinics. On average, I saw 30 patients in the morning clinics each day and I carried out home visits to see slum dwellers who were unable to attend the local slum clinics.

I noticed several differences in the medical conditions that I saw this year in comparison with the last visit

Outline has featured some of Elaine's previous volunteering trips to Delhi and she told us: "I noticed several differences in the medical conditions which I saw this year in comparison with the last visit.

"Although the slum dwellers are some of the very poorest people in the world, there is now evidence of non-communicable diseases creeping in, such as type II diabetes. This is partly because of a genetic predisposition in the Asian community for diabetes but also factors such as living longer, weight gain and using ghee to fry food; which is made up of the less healthy sort of fats."

Elaine also talked about some of the conditions she saw that are specific to the region: "From a musculoskeletal point of view, I saw a great deal of mechanical knee, lower back and neck pain. This is mainly because of the very heavy workload that this local population have to endure. For example, the women suffer from back pain which may partly be related to the fact that they lift heavy water bottles and the water pumps are set very low in the paving area of the slums rather than being at waist height. Squatting when cooking and just simply resting to talk to others puts a strain on the patellofemoral joints which explains the universal problem of anterior knee pain.

"There was a need to educate local pharmacists and doctors to prescribe calcium in conjunction with vitamin D or vitamin D on its own. Local people had been prescribed calcium tablets only which will not offer a useful function unless combined with vitamin D.

"There is a concern that 'polypharmacy' is on the increase; with the local population going to multiple pharmacists or local doctors and being prescribed the same type of medication – but either different brands or doubling up with drugs from the same class – for the same diagnosis. Furthermore, prescriptions tended to cover medication for only one week. One of my roles was to offer training and advice to the community health care volunteers (CHVs) that the patients take less drugs but on a regular basis for a condition; rather than multiple drugs for a few weeks at a time.

I was involved in training and reinforcing

the need for regular blood pressure and blood glucose monitoring by the CHVs. Various charities have donated glucometers and manual blood pressure machines.

"I also carried out a neck, back and knee class to try and help improve these musculoskeletal symptoms and also offered advice about good back and neck posture in order to protect and take the strain off the spine.

I feel that simple and small improvements can go a long way in relieving some of the suffering.

"The home visit cases involved seeing the very sick or the less mobile. Examples included a patient with an untreated fracture of his left humerus, someone with infected skin lesions leading to osteomyelitis of the underlying bone. Lastly, unfortunately patients who have been to the government hospital are unable to read the discharge summary and aftercare instructions made by the hospital and therefore the health care is not continued. I was able to mention this to the team leaders and CHVs who were going to ask all slum dwellers under their auspices to make sure that they are told if someone has been to the hospital so any instructions can be carried out.

"I feel that simple and small improvements can go a long way in relieving some of the suffering. It is also essential that the local team leaders and CHVs are able to follow up cases and it provides continuity of care. They also acted as excellent interpreters



for the clinics and take great pride in their excellent work for those people who live in the slums of Delhi. I look forward to a return journey to work with them again."

STAFF STORIES:

Learning disability nurses

Our Learning Disability Nurses Beverley Farrar and Carol Forbes work across both Gloucestershire Royal Hospital and Cheltenham General Hospital and have recently been highlighted for the service they provide by CQC inspectors following our recent inspection.

Carol explains that their service is much in demand: "I think the fact that we are a consistent team, we are now in our tenth year, that people know how to access us more.

All these issues are gaining a higher profile and that is great news for us

"Trakcare is helping raise awareness as the learning disability alert prompts staff in the booking office to let us know when people are coming in and we get more referrals from the ED and the wards.

Bev adds that fewer people slip through the net as we are able to interrogate Trakcare each morning to find out which patients with a learning disability have been admitted.

"We are often contacted to provide advice regarding the Mental Capacity Act with regards to decision making. All these issues are gaining a higher



profile and that is great news for us.

"We are involved with anything to do with people accessing our hospitals from Outpatient Support, planning for admissions and supporting people who have come in through the emergency route. We like to be visible on the wards and seen and this might be another reason why we are building our reputation as a service. We have had people say 'thank goodness you are here!'

"Our front-line teams are much more informed about managing our patient's individual needs more effectively, but sometimes, our patients can find our hospitals to be really frightening places and people with more complex needs and planning needs is where we become more involved.

"Waiting for people with learning disabilities can be a nightmare, but if we contact our Outpatient Departments, they are great at finding us quiet areas, to minimise the waiting and to make reasonable adjustments for our patients; the Edward

Jenner Unit routinely make reasonable adjustments for people with disabilities."

The team are working with the Hospital User Group (HUG) to conduct a walk around our hospitals to find out how easy it is to find places this month (April) and they will feed back the outcomes to the Patient Experience Team to make improvements for our patients. The HUG are a group of people with learning disabilities who meet bi-monthly. They help us to look at easy read information and more recently helped in staff training sessions.

We love making a difference and there is satisfaction in that

Carol adds: "We love making a difference and there is satisfaction in that – when things go well and people have a good experience and we really do feel valued by our patients and their families. Meanwhile, Bev states that the carers of a patient from Swindon come to Cheltenham rather than their local hospital because they feel that our hospital provides the support they need.

The team get an average of 50 referrals a month. Bev explains: "We know that there may be lots more who are not aware of the support we can offer and we really would like people to let us know if we can help. We are available on phone or email – there is no complicated referral process and anyone can get in touch if they have learning disabilities and are coming in to hospital – we work across all ages too."

Meanwhile, the team are planning to raise awareness about Learning Disabilities, during Learning Disability Awareness Week between 17th – 24th June. Bev explains: "We plan to hold a 'patient experience day' open to people with a learning disability who may be nervous about coming into hospital to come in and try out hospital equipment like blood pressure cuffs, the hospital bed and slide sheets among other things on 19th June at Redwood Education Centre between 9.30-3pm. It is the second time we have done this and we had such great feedback that we decided to do it again this year.

"We are keen to hear from our LD Champions or from Student nurses who might be able to spare an hour or two to help us out on the day."

Conference - save the date!

The team are also organising a Learning Disability conference at Sandford Education Centre on 5th September and have managed to secure speakers with a national overview within the Learning Disability specialism.

Bev explains: "This will also enable us to raise awareness about Learning Disability issues and all we are doing to make reasonable adjustments and to share good practice. There is room for 100 attendees and we will be opening it to 2gether and community LD champions."

**Contact: 0300 422 4953/4985
Mon-Fri 9-5**

SWAG at academy

SWAG, or Sustainability Week at Gloucestershire Academy, took place in March with the aim of raising awareness of sustainability in healthcare for medical students.

The team sent out daily bulletins every day, including case studies of trusts who had implemented sustainable practices, the carbon footprints of the Academy staff and climate change myths.

It is important for everyone to consider sustainability when on the wards

In the middle of the week, they had 'Guess the Cost' game, hosted by Clinical Teaching Fellow (CTF) Matilda. Participants were asked to guess the cost of various pieces of clinical equipment. The two competing teams were 'The Budgeteers' and 'Team Swagger'; things started to get competitive and The Budgeteers were announced as winners. CTF Amrit won the prize for the most memorable quote of the session: "A 10ml syringe is my favourite piece of equipment in the hospital."

Throughout the game, Matilda explained why it is important for everyone to consider sustainability when on the wards and advised that just one cannulation attempt costs £2.28. Everyone came away enlightened and inspired not only to waste



less on the wards but also dispose of waste correctly. Participants were all awarded a sustainable metal straw for their efforts, which were received with great excitement!

The SWAG team were delighted to see that SWAG had been mentioned in CEO Deborah Lee's weekly bulletin on the Monday and that Gloucestershire Academy's interest in raising awareness of sustainable healthcare was supported.

Gloucestershire Academy were excited to work with the Pied Piper Appeal on Friday, donating the items brought along by staff and students to their shop in Brockworth. Julie Kent, Vice Chair of the charity, is keen to share our work on Pied Piper's social media pages, and was delighted to hear that these sustainable practices will benefit the important work they are carrying out for unwell children in Gloucestershire.

Dietetic success

Renal dietitian Sue Dawe has been shortlisted for an HSJ Award 2019 in the category Clinical Support Services Award for her work as part of the renal nutrition group of the British Dietetic Association.

This group of seven renal dietitians has been developing a range of low potassium diet sheets for renal patients from black, Asian and minority ethnic populations (BAME).

Hyperkalaemia (high potassium level) is a significant complication in patients with kidney failure. In 2013-2014 NICE estimate that there were 7,000 hospital admissions for hyperkalaemia in England resulting in around 21,000 bed days.

These diet sheets will be available to renal dietitians nationwide and translated into a number of different languages.

People from black, Asian and minority ethnic populations are more likely to progress faster towards kidney failure and are 3-5 times more likely to require dialysis treatment. They are also less likely to receive a kidney transplant, according to Kidney Research UK, 2018.

These diet sheets will be available to renal dietitians nationwide and translated into a number of different languages.



The diet sheets will help to inform professionals and provide culturally relevant and essential information.

This will enable people from BAME populations to make appropriate food choices who may otherwise experience language barriers and limited health literacy to access relevant dietary information.

Liz Brice, Renal Team Lead said: "Sue has worked hard on helping to produce these invaluable resources and we wish her every success with the award which takes place in Manchester on 23rd May."

STAFF STORIES: ACCELERATED DEVELOPMENT POOL

Natural talent

Earlier this year our People and Organisational Development team expressed their commitment to ‘identifying and using the full potential of every single member of our workforce in order to deliver our vision of providing the Best Care for Everyone’.

In addition to providing career development tools on our staff intranet, learning opportunities and the introduction of a new tailored approach to appraisals, the team has also now fully launched the new Accelerated Development Pool (ADP).

It is a win-win for all of us; you as individuals will benefit and our Trust will benefit from your skills by extension.

The ADP is directly linked to the outcome of an individual’s annual ‘Development Conversation’ (appraisal). If you are considered an outstanding employee your line manager will discuss whether the ADP is the right step for you. If it is, they can put forward an application on your behalf. The next review panel takes place at the end of June, alternatively, the self-nomination route will open later in the year.

Deputy Director of People Ali Koeltgen: “This is something really exciting for our

organisation. We have been developing talent informally at our hospitals for years, but now we have a framework around it which will make sure the system is fair and enable us to recognise and promote talent across our organisation. It is a core part of our workforce and succession plan to ensure that we retain our talented staff and fill vacancies. The opportunities are there for the taking and development is available. The ADP provides the opportunity to get the support you need to access those opportunities and strengthen your portfolio. It is a win-win for all of us; you as individuals will benefit and our Trust will benefit from your skills by extension.”

Following a selection process where nominees were reviewed by a panel, in February we welcomed a select group of colleagues to be the first cohort of the ADP. Our new Staff Experience, Talent & Inclusion Coordinator who will be supporting them, Lucy Morris, explains why she is excited about the Pool and what it has to offer our staff:

“This is a really exciting time to be joining the Trust with the developments in talent and diversity. I will help to coordinate the ADP and support members to get the most out of the process but ultimately we are keen for the ADP to be driven by its members. The ADP is a really great opportunity to develop your skillset while in-post, with particular emphasis towards on-the-job learning. Sitting down to discuss your career pathway will help shape your development in



The talent pool cohort

a way that is meaningful to you.”

In my area I am limited in my scope for development and networking is important, so the ADP makes complete sense to me

The first cohort is comprised of seven individuals from a wide variety of wards and departments across the Trust.

E-learning Technologist Ed Iles is based at Gloucestershire Royal Hospital and is hoping to get a wider picture of the organisation and the opportunity to develop his career: “In my area I am limited in my scope for development and networking is important, so the ADP makes complete sense to me and I believe we can learn

a lot and gain a broader experience.”

Colin Revell works in the Colorectal Surgery team on Bibury Ward and is hoping to be able to access education opportunities: “There are lots of opportunities, be they MA/ MS degree courses or other training, but it can be hard to get on these and hopefully this will enable us to access extra resources. Working with other people and the time pressures people are under from a ward perspective will be a challenge and that concerns me the most, but it is a good opportunity to work more cohesively.”

Amy Critchley works in the Site team and is looking forward to learning about other perspectives: “In my job I get a really good overview of operational pressures and how the organisation works, but I feel there is a certain stigma relating to bed management and the things that we oversee.

Natural talent (continued)

"I want to take the experience and skills I have developed and use them to enable me to learn new things and take on new challenges. I am passionate about bed management but am looking forward to directing this passion and drive into something more. Fitting this in will be difficult, but not impossible!"

I want to take the experience and skills I have developed and use them to enable me to learn new things and take on new challenges.

Matron Rebecca Offord is the nurse lead for Critical Care and Pain services within the surgical division: "My whole career has been in Critical Care; it's my passion. For that reason I have not moved outside this area, but I would like to broaden my experience.

"I will need to marry this with my role and find development that will complement my role in Critical Care, keeping doors open to new development opportunities. For me it's about leading the team and if I get better skilled to do that better, to be the best I can be, then that's what I hope to come out of it."

Clinical Scientist Cailey Robertson works in our Histology Department at Cheltenham General Hospital: "I feel I have been somewhat sheltered in Pathology and never been to any other areas other than Pathology meetings.



Cailey Robertson



Colin Revell

"In some sense I feel we are quite a hidden department yet we have a big impact on other people's roles, especially in cancer diagnosis and I am hoping this will help promote who we are and will help me to bridge the gap between clinical and non-clinical teams. I want to network with people from different backgrounds and to gain more confidence and be a face and voice for our department."

Sarah Barnes is from the Safeguarding Adults Department: "I am keen to learn and achieve for my area as well as for myself. For me it is about expanding my knowledge and

understanding more about the Trust. I am passionate about my role but I do want to expand and support my team; to grow into my role and my manager supports this."

I want to network with people from different backgrounds and to gain more confidence and be a face and voice for our department

Lucy adds: "We anticipate we will get a lot of our staff who will be keen to develop and we know the ADP is not for everyone. There is a selection process and this will be overseen by a panel. The majority of the training will be undertaken on the job, some by mixing with colleagues and the rest by applying for programmes in the Trust.

"All those in the pool will be eligible for a coach or mentor and will equally get the opportunity to train to be a coach or mentor themselves if that's something they're keen to do."

The first cohort are well under way steering a project around leadership in the first 100 days which will go towards achieving their QI Silver award.



Sarah Barnes



Ed Iles

STAFF STORIES: RESEARCH RETIREMENT

A tenacious approach to research

The face of clinical research in Gloucestershire for the last 22 years, Dr Julie Hapeshi recently retired from her role of Associate Director of Research.

Julie had seen research within Gloucestershire grow from its humble beginnings to a portfolio of more than 100 studies open to recruitment at a time.

Patient and public involvement in research has been a major theme for Julie

Originally qualifying as an orthopaedic nurse in the late 70s and then as a midwife in 1983; it was during her clinical days as a midwife where I am told she had a persistent tendency to ask obstetric and midwifery colleagues “why do we do it like that?” that sparked her journey towards research. Her potential was recognised by Mike Read, O&G consultant and a formative influence, and that led to her appointment as research midwife around 1990. She also undertook the MRes in Research Methods at UWE around this time.

In Autumn 1996 the South West Regional Office of the Department of Health set up a network of Research and Development Support units (RDSUs). From the beginning, the RDSUs across the South West worked together as a network with mutual support, and Julie was fully involved in this. Locally,

Julie was instrumental in setting up a Consortium of the NHS organisations in the county (then Gloucestershire Health Authority, East Gloucestershire NHS Trust, GRH NHS Trust and Severn NHS Trust) to adopt a common approach to research management and governance. Julie recognised early on that the NHS bodies in areas without major teaching hospitals needed to come together to form a critical mass in research.

Quite early on, Julie succeeded in making the RDSU a “one stop shop” for research, combining the elements of research design advice, analysis, governance and the administration of the Local Research Ethics Committees, all under one roof. Julie was a member of the Gloucestershire LREC and its predecessors until its closure in 2009.

From 2008 the Department of Health started a new network of Research Design Services in the English regions, to replace the RDSUs. Julie was greatly involved in a successful bid from the personnel of the RDSUs to obtain the contract for the South West RDS, which began in October 2008. She later took on the role of Deputy Director and lead for Patient and Public Involvement in the new RDS, while negotiating with the local NHS organisations to replace some of the work done by the RDSUs.

Two key leaders in NHS research in Gloucestershire are Professors Peter Scanlon and Hugh Barr. Julie worked extensively with Peter Scanlon, from 1997 onwards, on bids for Department

of Health funds to research diabetic eye screening. On the back of his research, Peter was appointed National Screening Director. The substantial Health Technology Assessment grant for Professor Barr’s BOSS study (Barrett’s Oesophagus surveillance) and a considerable post-award addition to its funds, were also largely due to Julie’s tenacity, encouragement and sheer slog.

During the early RDS years, Julie also found time to undertake a Professional Doctorate at the University of Cardiff, with a dissertation on how long it takes lay members of Research Ethics Committees to become ‘insiders’ and hence possibly lose their lay perspective. Indeed, patient and public involvement in research has been a major theme for Julie, long before it became a mandatory element of National Institute for Health Research grant applications.

Seemingly completely unaware of the high regard in which she is held by her peers, there have been multiple comments from longstanding colleagues about how much they will miss working with her. In true qualitative research style, the four most common themes that prevailed were: “A privilege to work with”, “legendary”, “incredibly helpful and supportive” and “will be missed”.

Good luck to Julie for the future.



Patients: in their own words

My dad was discharged from Ward 5b only this morning! He was looked after very well but then we didn't expect anything else.

Gloucestershire Royal Hospital has been nothing short of amazing on his long journey #cancersurvivor



CT Scanner Appeal has raised over £1.7M

Generous supporters across Gloucestershire have helped the CT Scanner Appeal reach a major milestone.

In just a few months, £1.7m has been raised towards the target of £2.4m to buy vital new technology to save and transform lives in the county.

Since we launched our appeal in November, businesses, schools, community groups and many individuals have come forward to help raise money.

People such as seriously ill Andy Loughran and his friends and family who raised more than £4,000 for the campaign holding a party in his name, or the pupils of Balcarras School who collected £6,000 for through a series of events.

The aim of the appeal is to buy three new CT Scanners and two digital mobile X-ray machines

The aim of the appeal is to buy three new CT Scanners and two digital mobile X-ray machines to provide the best possible imaging technology for the hospitals and help reduce waiting times.

Richard Hastilow-Smith, Head of Fundraising at the charity said “The support has been incredible, so many people locally know how much difference the new CT scanners will make.”

“For a lot of people giving a donation or



raising funds for the appeal is their way of saying thank you to the NHS staff who have given them dedicated treatment and care across the hospitals. The donations really do add up, and we are so grateful to everyone who has given support to the appeal.”

The appeal will make a difference for a wide range of patients in Gloucestershire, from new babies in the neonatal unit to stroke or heart patients, and emergency admissions where every second counts.

Ali Williams, who works with cancer patients every day as manager of the Focus Support Centre at the Gloucestershire Oncology Centre said:

“To have reached half a million pounds raised is absolutely wonderful and staff here are delighted. I know how much this appeal matters to our patients; the new CT scanners will give us the

best possible imaging technology and reduce waiting times, enabling us to diagnose and treat cancer at the earliest opportunity and relieve cancer patients of the stress of waiting for results.”

To have reached half a million pounds raised is absolutely wonderful and staff here are delighted.

Among the organisations giving support have been The League of Friends of Cheltenham General Hospital who recently agreed a £60,000 donation to the appeal, which is towards the CT scanner that will be going into Cheltenham General Hospital. This is to add to the support from people, companies and community groups across

Gloucestershire who are raising funds or making donations in support of the appeal.

To find out more about our CT Scanner appeal, visit [our website](#)

For more information on how to get involved, get in contact with the charity team or email ghn-tr.fundraising@nhs.net.

our CT
scanner
appeal

A marathon effort for CT

Runners put their best foot forward to help our CT Scanner Appeal.

The Rotary Club of the Royal Forest of Dean is supporting the campaign by donating £5,000. It also made the appeal one of the chosen charities for the Forest of Dean Half Marathon which took place at the end of March.

The donation adds to the growing total for the appeal, which has now exceeded £500,000

“Many of us in the club have first-hand experience of the CT scanners and the incredible care they give at the hospitals. We know this appeal will make an impact for the local community. It’s fantastic for the Rotary Club of the Royal Forest of Dean to be able to play our part in bringing faster diagnosis to Gloucestershire.” Chris Hammersley, a member of the Rotary Club.

The donation adds to the growing total for the appeal, which has now exceeded £500,000 with individual donors, online fundraisers, community groups and local companies all getting involved.

Dr Becky Woolf, who works in the Emergency Department (ED) at Gloucestershire Hospitals NHS Foundation Trust ran in the Forest of Dean Half Marathon along with other staff including Lisa Riddington, Library and Knowledge Services Manager, and Margaret Collins,

Specialist Nurse for the Nutrition Support Team. Collectively, runners supporting the CT Appeal raised a fantastic £810, another great stride towards our target.

Dr Woolf was keen to support the appeal as CT Scanners play an important role in helping the ED team to respond quickly to emergency situations, working with patients as quickly as possible to save and transform lives.

“We have patients coming to us with serious injuries, for example head injuries, major trauma following an accident or someone who has suffered a stroke. We need to respond as quickly as possible and CT Scanners are a vital part of that,” Dr Woolf said.

With emergency attendances rising by almost eight per cent over the last year, Dr Woolf and the ED team are seeing an increasing number of patients every year, and CT scanners are vital to their work.

“Diagnostic imaging is incredibly important, helping us with early identification and treatment,” she said. “For example with major trauma, the nature and location of serious injuries can be difficult to identify by clinical examination alone. The CT scanners help us to get a complete picture of what is happening in the body.”

“I have previously used running as a vehicle to raise money for various charities and am grateful for the opportunity to support my local hospital and increase awareness for this cause. The new scanners will give us the best possible imaging and enable us to scan patients at the earliest opportunity whatever



Forest of Dean Rotary



Dr Becky Woolf

the time of day. They really will make a huge impact for people across Gloucestershire”.

For more information about the appeal visit [our website](#)

Sky larks



Our Radiotherapy team is delighted with three new sky ceilings that have been installed thanks to charitable funds and a donation of an additional window from the company who installed the windows (Sky Inside UK Ltd).

Radiotherapy Services Manager Bridget Moore said: “The sky ceilings have transformed our patient experience in Radiotherapy by bringing natural images and light into what was a windowless, clinical environment. The ceilings act as distractions to the patients, enabling them to focus on the natural beauty of the trees rather than their Radiotherapy treatment. We have used the tree theme to rename the machines, making them appear less clinical to the patients and the feedback we have received has been entirely positive. The Radiotherapy radiographers have also found that their working environment has been enhanced by these ‘windows to the sky’.”

Carer service changes

PeoplePlus, the new provider for adult carers' services in the county will be fully operationally from 1 April - and here's how you can contact them

The provider of Gloucestershire County Council contracted services for carers will change from 1 April 2019 from Carers Gloucestershire and Guidepost Trust to PeoplePlus. The service will be called 'The Gloucestershire Carers Hub'.

The carers hub will provide:

- Information, advice and guidance
- Carers assessment and support planning
- Carers Emergency Scheme
- Carers Breaks
- Hospital Liaison
- Carers' Voice
- Positive Caring education and training
- Carers emotional support and counselling
- Peer support and support groups

Referrals to the hub can be made in person at the following address, by telephone or via the website:

The Gloucestershire Carers Hub,
Conway House, 31 Worcester
Street, Gloucester GL1 3AJ

The telephone number **0300 111 9000** will transfer from Carers Gloucestershire to The Gloucestershire Carers Hub



The number for the Carers Emergency Scheme will stay the same as appears on carers' emergency cards

www.gloucestershirecarershub.co.uk

General Enquiries - carers@peopleplus.co.uk

Rainbow badges

Next month we will be launching a new initiative which enables us to demonstrate how we offer our patients, their families and our staff open, non-judgemental and inclusive care and support at our hospitals.

The Rainbow Badge initiative originated at Evelina London Children's Hospital and can be worn by anyone seeking to make a difference by providing environment that is more inclusive and celebrating of diversity.

The badge isn't just worn by those who identify themselves as LGBT, but any individuals who role-model the inclusive and supportive behaviours that exemplify our diversity at our hospitals

The badge isn't just worn by those who identify themselves as LGBT, but any individuals who role-model the inclusive and supportive behaviours that exemplify our diversity at our hospitals. 500 badges have been purchased thanks to our Cheltenham and Gloucester Hospitals Charity.

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Have you spotted our **Rainbow Badges?**

The badges are just one way to show that this is an open, non-judgemental and inclusive place for people that identify as LGBT+*



If you see someone wearing one you can **ask them about it!**

*Lesbian, gay, bisexual, transgender and the + simply means that we are inclusive of all identities, regardless of how people define themselves.

The Rainbow Badge initiative originated at Evelina London Children's Hospital to make a positive difference by promoting a message of inclusion.
The Rainbow Badges have been purchased thanks to our Cheltenham and Gloucester Hospitals Charity.

Diversity Network

Eliminating discrimination. Promoting equality and inclusion.

We are committed to improving the experience of everyone who works in our Trust. We are a staff network for everyone who cares about equality, diversity and inclusion.

www.gohospital.nhs.uk BEST CARE FOR EVERYONE

Parkinson's patients

In an effort to improve the care of patients with Parkinson's disease patients who get admitted to our hospitals, Dr Sangeeta Kulkarni and Care of the Elderly Pharmacist Kat Waskett have launched the PD Box.

The PD Box is a box of Parkinson's Disease medications that contains all the currently prescribed medications for this illness that are available on our formulary.

It is vital that they are given their medications on time

Patients with Parkinson's disease are often on multiple medications for this illness that are time-sensitive, so it is vital that



they are given their medications on time.

The PD Box is designed to be used for patients who haven't brought their medications with them and in the event that these are unavailable on the ward.

The box is situated in the treatment room on ward 4b in the drug cupboard. Staff can access it at all times and there is no need to ring anyone or fill out any forms.

enjoy trees, would like to see more of them in Chelt and have the time to help run the group. Interested? To find out more or visit the tree nursery, please email r.beale@btinternet.com or call 01242 516469

Tree talk

The Cheltenham Tree Group was formed 30 years ago to grow trees for Cheltenham and the surrounding areas.

They raise £1000 a year from selling trees, which is sent to similar schemes in sub-Saharan Africa. The group are looking for people, possibly nearing retirement, who

Macmillan Hub

The Macmillan information Hub at GRH has been open since last September.

The service offers support and information to anyone who has concerns about cancer, their relatives, friends and carers. Health professionals can also refer patients.

Hub Manager Helen Hicks explains:

"The Hub will give your patients the chance to ask questions and talk through their concerns with specialist staff and trained volunteers, no matter what stage of the cancer journey they're at.

The centre provides information and support on a wide variety of cancer types

"The centre provides information and support on a wide variety of cancer types as well as financial, emotional, physical and practical support, like advice on diet or claiming benefits with the help of a Specialist Macmillan Benefits Advisor who visits the Hub on a weekly basis."

Help includes practical aspects of living with cancer and they can also help with information on health promotion, prevention and detection of cancer.

The service can also put you in touch with other groups and organisations that we think will be able to help you,



including the Macmillan benefits advice service, the Macmillan Next Steps programme, and local support groups.

The Hub is open between 9am and 4pm Monday to Friday and is a place to get information, support and signposting with the help of staff and trained volunteers, no matter what stage of the cancer journey you or your patients are at.

Since opening the Hub at the beginning of September, over 650 people have chosen to access the Hub for information and support.

Helen continues: "We cannot offer this support and help on our own, so our Volunteers are vital to the success of the Hub. I am delighted to have a growing team of volunteers working and joining the Hub."

To access the service, either drop in (no appointment needed), give them a call on 0300 422 8880, or email gkn-tr.macmillanhub@nhs.net

ANN LEWIS AND GEOFF CAVE: TEWKESBURY STAFF GOVERNOR

Talking governors

Ann Lewis and Geoff Cave are Public Governors for Tewkesbury Constituency, covering the area under Tewkesbury District Council.

Ann was a nurse in the NHS before retirement in 2012. Since then she has worked a member of Healthwatch, is part of a Patient Participation Group with her local GP surgery and has helped with establishing Nurse Training at Gloucestershire University.

Geoff had a career in Personnel Management, covering staff relations, recruitment, training and equal opportunities. He is also qualified in Counselling, has been a Hospital Volunteer and worked with a diverse range of people concerning life changing experiences. He also has extensive patient experience.

Both share an interest and desire to see the Trust deliver the best quality of care for Patients and support the Trust's aims on its Journey to Outstanding

Both put themselves forward as Trust Governors as both share an interest and desire to see the Trust deliver the best quality of care for Patients and support the Trust's aims on its Journey to Outstanding.

As well as their regular Governor duties, Ann is also part of the Outpatients



Ann Lewis



Geoff Cave

Improvement Group which looks at ways of improving the experience of Patients attending Clinics within the Trust.

Geoff is also member of the Governance and Nominations Committee, attends the Quality and Performance Group and is involved in developing Governor self- assessment. Both are part of the Task and Finish group whose aim is to find ways of engaging with different groups within the Community,

As well as quality of care within the Trust both share an interest in care following a patient's discharge and in order to ensure that good care following discharge is maintained.

Ann and Geoff each share a passion for improving communication between Constituent and Governor and identifying the emotional support needed for patients and their families. To this end both have worked with Governance team looking at ways to improve communication and increase the Membership of the Trust and to cover all groups in the community (at present the Trust's website contact a Governor section is under review).

Members are strongly encouraged to contact the Governor who represents their area to inform them of their experiences

Members are strongly encouraged to contact the Governor who represents their area to inform them of their experiences, either with the aim of celebrating what is good or raising concerns and offering their ideas for improvements in two-way communication with Governors. Governors need to be well informed to help ensure that the Trust and its Board of Directors are accountable to the public.

Ann and Geoff have a strong desire to more effectively represent Members interests and welcome Members input. Their contact details are on the [Trust website](#).

Council of Governors meetings: upcoming dates

- › 17 April, Redwood Education Centre, Gloucestershire Royal Hospital 17:30
- › 19 June, Redwood Education Centre, Gloucestershire Royal Hospital 17:30
- › 21 August, Redwood Education Centre, Gloucestershire Royal Hospital 17:30
- › 16 October, Sandford Education Centre, Keynsham Road, Cheltenham 17:30
- › 18 December, Redwood Education Centre, Gloucestershire Royal Hospital 17:30



The big picture

Theatres recovery team at Cheltenham

Involve

MARCH - APRIL 2019

@gloshospitals Thank you 5a and 5b for the amazing care I received at GRH. I will forever be amazed by the standard of care and compassion. You all deserve a huge pay rise.

Leanne, Twitter, 8 April 2019