

# Involve

FEBRUARY 2018

# New perspectives

Join us on a journey to  
outstanding #J2O

MORE DETAILS ON **P6** →

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# Message from Deborah Lee: February 2018

**As we enter this momentous year commemorating the 70th anniversary of the NHS, health services across the country are facing some of the greatest challenges since its inception.**

Society has changed in many ways since the NHS was established in 1948; thankfully people are living longer and healthier lives and expectations of healthcare have increased; if we are to rise to these challenges, it's more important than ever that we embrace change and wherever possible, innovate our way to success.

I hope that, like me, you all feel passionate about the preservation of our fantastic service for future generations. The NHS is the envy of the world and I am immensely proud to have the privilege of leading one small part of it, as we enter this important year.

*"As a population our expectations have changed hugely in the last few years"*

As a population our expectations have not only changed hugely in the last few years but our relationship with the NHS has also changed. With the adoption of new technology, many of us now access information 24:7 and expect responsive services, at a time and place convenient to us. Increasingly, this is what we expect from healthcare too, despite the fact that health still lags behind most



other sectors with respect to technology. Research shows that the majority of the population hugely support the NHS and its values.

As we look to the future, it is crucial that we recognise that our hospitals are just pieces of a much bigger picture. In a blog written for the King's Fund, Professor Keith Willett, national Medical Director for Acute Care, commented about how much medicine has changed since the foundation of the NHS, saying that GPs and paramedics can now do in the home or ambulance what he did 10 years ago as an emergency surgeon in A&E. How true this is, as every day at our hospitals we treat emergency illnesses and injuries that were previously untreatable and many patients are surviving injury and illness that even 20 years ago, they wouldn't have survived.

My team and I also recognise that the healthcare team now is much wider than doctors and nurses, and using all of our teams' skills is key to future health care provision and sustainability: pharmacists can provide emergency prescriptions, nurse practitioner roles are expanding rapidly and



newer jobs such as physician associates are beginning to play an ever-extending role.

In terms of the bigger picture, we will continue to play our part to develop the One Gloucestershire System Business Case which will set out the vision for urgent and emergency care but we also need to be clear about what immediate changes we should aim to implement before next winter to enable us to address more of the issues we have faced this year.

In February, Professor Tim Briggs, CBE brought teams from four NHS Trusts in England to hear about the T&O service changes for this winter; what I was unprepared for was his surprise guest who turned out to be Lord Carter, the NHS efficiency guru. If I was impressed with the work before I listened to the team's presentation, I was doubly so after it and particularly in respect of patient experience improvements for those patients requiring trauma surgery.

Recognising the pressures facing staff in recent weeks, I took the opportunity to spend more time than typical on the 'shop

floor', which I can say without a shadow of a doubt was one of the most rewarding and insightful periods I've spent since arriving in the Trust. Everywhere I went I saw examples of staff going above and beyond – the people that stood out are too numerous to mention but perhaps more importantly, I saw people at every level shine. I worked alongside two ward clerks on the Acute Medical Unit who were living our values at every turn and in doing so adding value with everything they did; I saw domestic staff and porters completely understanding how their role fits into our vision for Best Care, turning beds and patients around in record time (and always with a smile and friendly conversation) because they understood the role of AMU in supporting flow out of A&E; I saw exemplary leadership from those in leadership positions but equally I saw more junior staff taking up the leadership mantle when the need or opportunity arose.

I've heard much in recent weeks about the shift from the 4 hour A&E standard being the responsibility of the Emergency Department to something owned by the whole hospital but this really did come to life for me during these visits – the effort I saw in A&E, AMU and other bits of the urgent care pathway was more than matched by the effort I saw on our wards and in our support departments such as pharmacy and discharge waiting areas.

*Continued on next page*



## Message from Deborah Lee: February 2018

Sticking with A&E, I was recently contacted by our regulator to advise that we have been moved out of Category 4 (the lowest performing Trusts for A&E) to – wait for it – Category 2! So, not only are we the only Trust in Category 4 to have been promoted, we have leapfrogged straight to Category 2. Very well done to everyone who has contributed to this. However, success comes in many guises and the NHS has to be about more than the four hour target if we are to truly meet the needs of ALL of our patients.



Through this challenging winter period, many NHS systems around us ground to a halt on the back of national guidance to focus on urgent and emergency care. At our Trust, Outpatient appointments continued as despite pressure to cancel, we took an early decision that unless our Outpatient staff would demonstrably add value to other activities, they should continue doing what they were intended to do. As a result hundreds of patients were seen in our clinics and staff usefully deployed; we undertook an average of 80 operations a day against our target of 94. In orthopaedic services we treated 558

patients in January compared to just 155 last January. To the credit of our staff, we have not cancelled any cancer operations or urgent non-cancer cases this winter. In summary, compared to many, many systems our Winter plan has served us well. We will capture all of the learning – and there is lots – to try and make the weeks ahead easier and ensure that future winters and bank holidays benefit from the insights gleaned.

I was struck recently by the fact that many news stories have had gender at their heart and one that stood out last month was the news that women are three times more likely to die within a year of a heart attack than their male counterparts; most shockingly because women are likely to receive less good care both in respect of initial diagnosis and subsequent management. I have already asked to see the data for our own hospitals and I do hope we are the exception to this picture elsewhere, but it reminded me that whilst we spend much time as a Board discussing our progress in respect of reducing mortality, I don't recollect us seeing data which would show up this sort of bias and I will be interested to know what further insights we might be able to glean to ensure that patients are not being materially disadvantaged because of their age, gender or any other personal characteristic.

Going back to the theme of embracing change, we are constantly looking for ways to improve things at the Trust for the benefit of patients and for our staff. Recently during Cervical Screening Awareness Week, many headlines were centred around the fact that fewer women are taking up the offer of this simple



screening test which is able to detect pre-cancerous changes at a stage when curative treatment is possible. As a small step to make access to testing easier for staff, we have started to offer them the opportunity to access smear tests at work as part of a promotion we're calling 'Fear Free Feb'.

*"We are constantly looking for ways to improve things at the Trust"*

This has been enormously popular and expanding this type of access is something that we hope to develop further. It is estimated that the cervical screening programme saves 2,000 lives a year and could save yours or that of someone dear to you. According to Cancer Research UK, around 850 women a year die of cervical cancer despite it being 100% preventable. Interestingly, the reason cited by women who were reluctant to be screened was that they didn't want to encounter the indignity of the test so if you get the



chance to influence a patient, a colleague, friend of family member please do remind them of the benefits and the care taken by staff to preserve their dignity.

One of the aspects of Board meetings that we find really valuable is the patient stories that we hear. Last year, one of the presentations was from Karen Bradshaw, who had had two children who were cared for on our neonatal unit. Her reflection was that the virtual tour we had for the unit could be hugely improved. Last month the new tour was launched on our website and YouTube channel, designed to give families new to the unit some personal insights and advice from Karen. Later this month, this was complemented by a refreshed look for information and advice on the neonatal unit. It is great to see that despite excellent reviews from families (and winning our Patient's Choice award last year), the members of this team are still focused on making further improvements to their service and to delivering the very Best Care to all the families they care for.

I can't end this without mentioning the amazing achievement of one of our midwives at Stroud, Deborah Harrison, who has just passed her 50 years of service. Many congratulations to her on this milestone. Talking of Long Service, we are planning to have a new and exciting way of celebrating our long service award recipients this year - so do watch this space for more details in the next couple of months!

## Journey to outstanding - #J2O

### #J2O is not just a fruity drink, it is what our senior team has described as our 'Journey to Outstanding.'

Following the CQC inspection in January, one of our strategic objectives is to get to 'good' overall and 'outstanding' in the caring domain in our next inspection.

With this in mind, we are now firmly aiming to go further, faster on our Journey To Outstanding as our Director of Quality and Chief Nurse Steve Hams explains: "Whilst I understand the Board's rationale for setting goals that are readily achievable, on this particular one I think it's as important that we signal our ambition for our services and the care our patients receive.

*"I'm really clear that outstanding is not just a nursing thing or a medical thing: it applies to us all"*

Steve adds: "My sense is that if this was describing care for me or for my family, aspiring to 'good' would not be good enough, it has to be outstanding. On this journey to outstanding, we could take a couple of paths; we could take a short cut, but this could potentially be the wrong thing as the journey to outstanding is undeniably complex.

"I'm really clear that outstanding is not just a nursing thing or a medical thing: it applies to us all. When you read CQC reports and they outline what 'outstanding' looks like, they talk about going 'above and beyond'. So we really need to all get involved and we are working on a number of different initiatives to help make this happen."



Steve Hams

A Quality Improvement Strategy has been developed with the support of our Deputy Director of Quality and Freedom to Speak Up Guardian Suzie Cro and our Director of Safety Andrew Seaton, based on the core beliefs of the importance of quality, to ensure our patient voice is heard at every level of service and that staff and leadership are engaged and involved at every level.

The strategy defines the core characteristics of what Outstanding looks like for us as an organisation so that we can demonstrate this on an everyday basis as Suzie Cro explains: "We believe our services should be caring, where people are truly respected and valued as individuals and empowered as partners in their care. Our services should be responsive and tailored to meet the needs of our individual patients, offering choice and continuity of care.

"We should be well-led and provide safe and transparent care and a willingness to learn from mistakes when things go wrong. Most importantly, we should be effective, ensuring that the outcomes for our patients are consistently better than expected when compared to other services."

The team have established a series of 'quality drivers' to enable us to achieve the 'Outstanding' service provision. The building blocks of the approach are based on core aims such as reducing avoidable mortality, reducing harm to patients. The 'drivers' are the first step in defining how we focus on each aim and are best able to track and achieve these aims. We will use the data gathered to understand how the improvements are making a difference.

*"We all need to get involved and we are working on a number of different initiatives to help make this happen"*

The team are also building consultation with our staff and patients into the strategy, as Andrew Seaton explains: "We have already done some workshops about our governance and quality improvement approach with some specialties such as Paediatrics and Oncology and shared our Quality Model with 100 leaders. We have found it is particularly important is to build quality through the eyes of our staff and patients. This has led to the new approach, focusing at a speciality and department level on the question: **what's important to your patients and staff to deliver quality care.**

Steve Hams adds: "We will also be doing more to highlight exceptional practice at our hospitals; really celebrating those who go above and beyond to make our hospitals an outstanding place to work and be treated. Staff can let us know by either nominating them for a monthly GEM award via our intranet, or by emailing me



Suzie Cro



Andrew Seaton

direct and patients can nominate them for a [Patient's Choice Award](#). I really want us to let these individuals and teams know that we have seen what they are doing, we like what they are doing and would like them to continue doing it!"

The team will be sharing more examples of how we are making improvements on our 'Journey to Outstanding' over the next few months in this magazine and on Twitter.

## Winter watch: T&O update

### Trauma & Orthopaedics update

**We have been celebrating the success of the recent pilot project which reconfigured trauma and orthopaedic services for winter.**

At a 'wash up' meeting, staff in the service looked at how the pilot was going, discussing successes as well as lessons learned and things that still need attention. Staff involved in the session described it as 'focused,' 'useful,' 'constructive' and 'open'.

This positivity has continued with a meeting with Professor Tim Briggs in early February where he brought teams from four other Trusts to spend time with members of the project team and staff from the service, to hear about our journey.

Chief Executive Deborah Lee commented: "I cannot recollect a service change that has resulted in improvements of this scale, in such a short time; of course these measures are all about inputs and I look forward to seeing, over time, the impact these changes have had on patient experience, clinical outcomes and staff experience."

As well as thanking Professor Tim Briggs for his support and encouragement, the Trust would like to thank former T&O Speciality Director Mr Daniel Engelke, Mr Vinay Takwale for his vision and determination, Debbie Dewit for her operational management (and sheer hard work), the trauma co-ordinators who have worked tirelessly to make a success of the trauma model, junior doctors who have found themselves working in ways not expected when they came to the Trust and not least all those staff who

#### Headline news

- A 14% increase in the volume of elective activity (and that's comparing Winter with the average for the year – so likely to be much better when comparing like for like)
- A 50% reduction in the number of patients cancelled in the week prior and on the day (90% of cancellations that occurred were attributable to unfit patients and only one to lack of beds)
- Trauma cancellations down from an average of 8 patients to 3 and (6 of the 9 weeks in the period had ZERO cancellations)
- A 14% reduction in trauma admissions following introduction of trauma triage model
- The average wait for upper limb trauma surgery (from injury) reduced from an average of 16.2 days to 8.1
- The number of A&E breaches, attributable to T&O, down from an average of 8 per week to 1 per week

agreed to significant changes in their working practices – including working on a different site – to enable our patients to benefit from these changes.

We hope the results will continue to speak for themselves.

## Sepsis improvements

**We have been recently highlighted by NHS England as one of the Trusts that has seen the greatest improvements in identifying and treating sepsis.**

We were congratulated by NHS England in a letter from their Medical Director for Clinical Effectiveness, Celia Ingham Clark, for their work to improve the care they provide for patients with sepsis.

*"Over the last few years we have successfully developed a new approach to better identify and treat sepsis"*

Sepsis is a potentially life-threatening condition, however it can be easily treated if caught early. Sepsis could occur as the result of any infection and is a serious condition that can initially look like flu, gastroenteritis or a chest infection. According to the UK Sepsis Trust, it affects more than 250,000 people every year in the UK.

Since the NHS England sepsis CQUIN was launched in 2015, Gloucestershire Hospitals has increased assessment for sepsis in the Emergency Departments (A&Es) from 52% to 96% and timely treatment from 49% to 91% in the same period through an ongoing improvement programme, as Director of Safety Andrew Seaton explains:

*"Over the last few years we have successfully developed a new approach to better identify and treat sepsis. Our aim of doing this within an hour of diagnosis to reduce the risk of serious complications.*



"Our Gloucestershire Safety and Quality Improvement Academy team has worked alongside our clinical staff and our pharmacy team to develop an ongoing programme of continuous improvement. We have made the process more robust and have taken small steps to review and refine our approach to help our clinicians to identify sepsis at the earliest opportunity and to give patients with symptoms antibiotics quickly in our busy A&E department.

"We have been asked to share our approach with NHS England to help other organisations to learn from our experience. What is most important for us however is the improvement we have made for the safety of our patients."

In the letter, NHS England's Medical Director for Clinical Effectiveness, Celia Ingham Clark said: "I would like to congratulate you and your colleagues for all the hard work and dedication you have shown, which has enabled these improvements in sepsis recognition and treatment to take place. Please pass my thanks on to the staff concerned for their achievements in improving the care for patients with sepsis."

## Staff stories: A lifetime of service

### Theatre nurse Veronica marks 47 years

**Outline went to meet Theatre Nurse Veronica Ellison who is due to retire this year following her celebration of a very significant milestone - she's been working at the Trust for 47 years!**

Veronica Rosana Ellison (nee McWilliams) began working at GRH on 1st March 1971.

She had arrived in a England on 22 February 1971 from Guyana in South America to pursue a career in nursing. It was in the heart of winter and bitterly cold when she started work on her 19th birthday on 1st March the same year.

*"She arrived in a cold England on 22 February 1971 from Guyana in South America to pursue a career in nursing"*

Although very homesick at first, Veronica stuck with her training both at the Gloucestershire Royal Hospital, Southgate Street and at the City General Hospital, Great Western Road. In 1971, work was only just starting on the Tower Block at GRH, and she recalls "My peers and I watched the construction workers digging the foundations for the tower block from our classroom window."

Having qualified as an SRN, she worked as a Staff Nurse in General Theatres at Southgate Street and also



in the Orthopaedic and Gynaecology theatres at Great Western Road.

In 1977, Veronica went to do midwifery training at Gloucester Maternity Unit where she stayed until 1990 delivering babies. In September 1990, she returned to General Theatres in the tower block where she has remained until this year.

Veronica said: "I came and I embraced British culture and the British people. I have made many long lasting friendships through working here at the Trust.

"In September 1971 I met my future husband and married in September 1974. We had three lovely children - James, John and Jenna - and I now have nine wonderful grandchildren!"

Veronica's only breaks in service over the last 47 years have been maternity leave for each of her children, which was also less generous back then. Unfortunately she

has had some health problems this year, meaning that she has had to be the patient for some periods of time, rather than the nurse. She is recovering well now, but taking things easier as she heads into retirement.

Veronica has seen many changes within the Trust during her 47 years, notably the absence of the old-style matrons and the sparkling white starched hats, apron and cuffs she used to wear. Same-sex nightingale wards have also largely disappeared, replaced by the newer wards with mixed sex patients divided into single-sex bays.

There have also been substantial changes to the way nurses are trained, as they no longer train full-time in the hospital environment. Interaction between staff and patients and between staff themselves is also a less formal affair, with far less strict etiquette than she remembers when she began her training.

Veronica is passionate about this Trust and about the NHS as a whole. She also feels very grateful both to have been employed for all this time and for the support she has received throughout her career. The principles - that it meets the needs of everyone; that it be free at the point of delivery and that it be based on clinical need, not ability to pay, are close to her heart. These three principles have guided the development of the NHS for 70 years now and remain at its core.

Whole generations of registrars and consultants have passed through theatres during Veronica's tenure, and she remembers many of them. Veronica says that she has few regrets, and concludes: "Would I change the way my life turned out? No, I would do it all over again!"

Our good wishes to Veronica on her retirement and a huge thank you to her for all her hard work over the years.



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

## Academy awards

### The sixth Gloucestershire Safety & Quality Improvement Academy (GSQIA) Awards and Graduation took place on 12th December 2017 in Sandford Education Centre.

The award ceremony marked the end of the latest Silver Quality Improvement in Action programmes for members of staff who have been working on different improvement projects across the Trust. This event gave each team the opportunity to share their work and their learnings and for the Trust to recognise and celebrate their achievements.

Each team presented a summary of their improvement work and prizes were awarded through a combination of judging panel, online and audience voting.

*"The Best Quality Improvement was awarded to Dr Leena Nathwani, Consultant Paediatrician for Paediatric Sepsis"*

Sepsis is the leading cause of avoidable death resulting in 37,000 deaths and affecting over 25,000 children every year in the UK. Sepsis is caused by the body's immune systems responding to an infection, early treatment, using the 'sepsis six' care bundle has been shown to reduce the risk of death by 46.6%. This project focused on increasing the usage of the sepsis screening tool with the aim of increasing the number of children that have timely sepsis assessment and management.

The project resulted in an increase in the use of the screening tool, which in turn resulted in a reduction in the mean time

for antibiotics to be given, from 3 hrs and 8 minutes to 1 hr and 12 minutes.

Meanwhile, the Most Innovative Quality Improvement was awarded to Matthew Little, Ward Manager ACUB/ 4A for the Quality Patient Focused Admissions project. 4A is a 24 bedded acute short stay admission ward incorporating six endocrine beds for medical patients admitted as an emergency from the emergency department via the AMU.

Matthew's project aimed to reduce complaints by ensuring that the admissions to the ward were patient focussed, welcoming and informative, aiming to reduce anxiety. The project focused on providing a welcoming orientation to the ward and also aimed to increase the compliance in completion of the patient assessments that are required on admission to hospital.

Matthew and his team introduced an admission checklist; one side had an orientation sheet and the other side focused on a checklist of key admission assessments and tasks.

Over a six week period of data collection, they showed that we were able to achieve 80% of collection data for a significant portion of the time. They have also moved from a 30% collection rate to 60-90% for waterlow scores, 75-90% for pressure area care and 45-80% for MUST scores.

The Best Quality Improvement Presentation and Best Quality Improvement Poster was awarded to Carol McIndoe, Patient Improvement & Experience – Disability Equality, for her project Ensuring all Deaf BSL users experience effective communication with the Trust



Carol McIndoe with Liz Bruce and Andrew Seaton

Carol embarked on a project in conjunction with the Gloucestershire Deaf Association to facilitate effective communication between Trust staff and Deaf patients.

As well as highlighting on Trakcare the communication needs of these patients, working in conjunction with the

Gloucestershire Deaf Association (GDA) 'I Am Deaf' patient support cards have been introduced. In the first 3 months since they were introduced there has been a 22% drop in wasted cancelled hospital appointments involving deaf patients who use sign language.

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

For more information about these and other recent projects as well as upcoming training dates, see our web pages: [www.gloshospitals.nhs.uk/academy](http://www.gloshospitals.nhs.uk/academy) or follow us on twitter @GSQIA or Facebook.

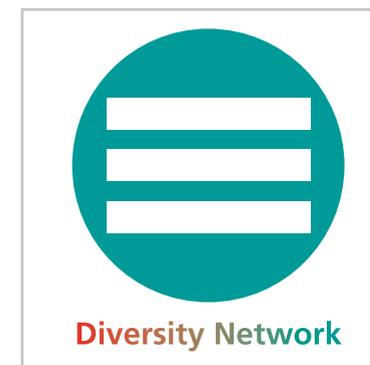
## Diversity network news

**In both the NHS and our Trust we know that, unfortunately, staff members from certain backgrounds are more vulnerable to discrimination and prejudice.**

Sometimes discrimination can be intentional, but often it is not done wilfully and can reflect wider challenges in our society. In November and December 2017 we launched our Diversity Network in response to feedback from listening events we held earlier in the year.

The overall aims of the Diversity Network are:

- To work with our Trust to eliminate discrimination experienced by staff with protected characteristics
- To provide a support and signposting function to staff where issues can be discussed in a safe and confidential environment



- To advise our Trust on training materials so we can better understand the perspective of staff and patients who hold particular protected characteristics
- To celebrate the diversity of our Trust by promoting and participating in relevant national and local events

Staff can email [ghn-tr.diversitynetwork@nhs.net](mailto:ghn-tr.diversitynetwork@nhs.net) to become a member.

## Patient experience: National Maternity Survey

### Personalised care in maternity

**The Care Quality Commission (CQC) published has published the National Maternity Survey. The survey results reveal the responses from women who had given birth in February 2017.**

Women were asked questions about all aspects of their maternity care from the first time they saw a clinician or midwife, during labour and birth, through to the care provided at home in the weeks following the arrival of their baby.

Some highlights for our hospitals:

- We scored 9.2/10 for labour and birth, with a better than average score for advice and support at the start of their labour and 9.8/10 for partners reported being as involved as they wanted to be

*"Staff during labour and birth also scored highly for clear communication during labour and birth and for being treated with respect and dignity"*



- Staff during labour and birth also scored highly, with a better than expected score for concerns being taken seriously; for clear communication during labour and birth and for being

treated with respect and dignity

- For the care in hospital section, we scored better than the national average for length of hospital stay and also for information and explanations following birth

While we were very pleased with all of our results, these highlighted areas demonstrate how clearly we are focused on the experience of our parents, and how important personalised, individual care is to us.

## Patient experience: Supporting patients

### Campaign to protect babies

**A campaign is to be launched next month aimed at supporting parents and protecting babies.**

All babies cry, and some cry a lot. Crying is a baby's way of telling their carer that they need comfort and care. Sometimes it's easy to work out what they want, and sometimes it isn't. There are several reasons that can cause a baby to cry excessively. It can be exhausting for parents if they have tried everything and nothing seems to comfort their baby.

*"It can be exhausting for parents if they have tried everything and nothing seems to comfort their baby"*

The campaign aims to raise awareness of Abusive Head Trauma (AHT), also known as Shaken Baby Syndrome, which is a devastating form of child abuse.

Catastrophic injuries from shaking can which result in significant injuries including intracranial

injuries, retinal haemorrhage, long bone and spinal fractures which can lead to brain damage, blindness, learning difficulties and even death.

Midwife Sally Unwin says: "Our campaign is based on the study of AHT prevention programmes in the USA and Canada. We have also looked elsewhere in the NHS and will be using a programme called ICON which has been developed comprising a series of 'touch points'. Each 'touch point' is brief but reinforces the simple evidence based 4 point message which makes up the ICON acronym.

"We will be promoting the campaign to parents on our sites and in the community as well as on social media with the aim of providing information and a supportive environment."

### Coping with crying and keeping your baby safe



**I**  
Infant crying is normal and it will stop.

Babies can cry for 1-5 hours per day. Every baby is different.

**C**  
Comfort methods can sometimes soothe the baby

and the crying will stop. Try gently rocking or singing a lullaby.

**O**  
Ok to walk away if you have checked baby is safe.

Put baby somewhere safe and take some time out. After a few minutes go back and check.

**N**  
Never ever shake or hurt, or throw a baby.

It can cause lasting brain damage or death.

# Understanding our patients: Learning Disability Liaison Nurses

## Supporting every patient

### We have two Learning Disability Liaison Nurses who work in both our hospitals.

Bev Farrar and Carol Forbes are experts in the care of patients with Learning Disabilities. They are also available to help families with preparation for coming in to hospital.

#### Who is the service for?

The service is for all people with learning disabilities, adults and children, who are receiving or due to receive hospital treatment and who may need additional advice and support.

*"The earlier you make the referral, the easier it is to make the plans and preparations to support the patient"*

#### Who can refer?

Anyone can refer, for example a patient with a learning disability, parents, relatives, care workers, GPs, hospital staff and community services.

#### When to refer

You can refer to them at any time prior to or during any hospital contact. This includes emergency and planned admissions, pre-admission and outpatients.

The earlier you make the referral, the easier it is to make the plans and preparations



to support the patient with a learning disability when they come to hospital.

#### How can the Liaison Nurses help?

The nurses aim to identify the reasonable adjustments needed to meet the individual needs of people with learning disabilities in order to access hospital services successfully.

#### Some examples of reasonable adjustments include:

- Visiting the patient at home to assess needs prior to their hospital appointment or admission
- Giving advice and support to carers and care workers
- Advising the ward/department of individual patient needs
- Supporting the ward/department to make adjustments to meet individual patient needs including:

- ➔ Minimising waiting to avoid increased anxiety or providing a quiet waiting area
- ➔ Providing information in a format the patient can understand
- ➔ Adapting treatment to meet the patient's needs
- ➔ Enabling a carer/care worker to support the patient for investigations or going to theatre
- ➔ Arranging for carer/care worker to stay as appropriate
- ➔ Supporting communication between carers, care workers, hospital staff and others as appropriate
- ➔ Assisting the ward/department with discharge planning

If someone you are caring for hasn't yet had the opportunity to complete the Hospital Traffic Light Assessment for people with Learning Disabilities, it not too late! Ask the LD nurses for one to fill in with the family or go to [our website pages](#).

Bev Farrar comments "It is often very simple steps that allow us to provide help and support to people with learning disabilities in hospital. Involving us at an early stage can help stop delays which can occur when staff have to unexpectedly deal with a patient they did not know needed additional support."

Carol Forbes adds, "It's things like finding out what would make a person feel comfortable - perhaps they like their bedding from home or they would prefer a family member to feed them,"



"It's about forward planning - people with learning disabilities can have complex needs, so it may be a case of taking them to hospital for a visit before they need to go in so they get used to it."

Ward staff, please contact Bev or Carol when you have a patient with a learning disability of your ward. Bev and Carol's aim is to make the healthcare experience better for patients, so do contact them for help and advice:

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

If the team are out with patients, do leave a message and they will call you back.

## MVA offers women an alternative

**Outline spoke to Consultant Jothi Doraiswamy about a new service that provides a surgical procedure under local anaesthetic, improving both clinical effectiveness and patient experience by providing the patient with more flexibility.**

Jothi is a Consultant in Obstetrics and Gynaecology with a special interest in early pregnancy and Ambulatory Gynaecology. She supports the Early Pregnancy Unit at GRH (led by Karen Easton, Consultant Nurse) by providing fortnightly scan clinics and advice on complicated early pregnancy patients.

Jothi says: "We have an excellent team behind us comprising of advanced nurse practitioners, sonographers and administrative staff. We run a seven day early pregnancy assessment service based at Gloucestershire Royal Hospital and see around 4600 patients a year."

*"We run a 7 day early pregnancy assessment service based at Gloucestershire Royal Hospital and see around 4600 patients a year"*

The early pregnancy unit sadly diagnose many women with miscarriage each year, all of whom will be offered a choice of conservative management (wait and watch approach), medical management and surgical procedure under general anaesthesia. More than 70% of woman chose surgical management over others.

Jothi says: "On an average we perform 30-40 such procedures per month.



Surgical procedures are fraught with potential delays (between 2-12 hours) and cancellations on the day which may necessitate overnight stay for an otherwise day case procedure, which often leads to poor patient experience and an admission which is not medically indicated.

"Our aim was to provide another patient choice to improve both patient experience and clinical effectiveness by developing an outpatient service that offers women the choice of having a surgical procedure (Manual Vacuum Aspiration) under local anaesthesia. This gives women the flexibility to suit their personal circumstances and is associated with quicker recovery and early discharge."

By offering this new service, we are also complying with NICE guidelines. Offering the procedure under local anaesthetic means we are also able to contribute to cost improvements.

Jothi adds: "We are able to offer this service to woman within our existing facilities of early pregnancy suite and USS scan machine. The device used to carry out the procedure is inexpensive and simple to use – it can be safely used by

suitably trained health professionals.

"MVA is ideally suited to deliver our strategic vision of improving utilisation of outpatient clinics, reducing length of stay and improving patient experience."

The benefits to patients are that this presents an alternative option for women who want to avoid general anaesthesia and the associated risk and potential delays. It's a safe (96% have no complications) and effective procedure with no anaesthesia involved. This is performed in a clinic setting with designated time slots and less risk of cancellation.

*"The benefits to patients are that this presents an alternative option for women"*

Many women find that an MVA under local anaesthetic is the least stressful option at a very emotional and challenging time. Quoted on the miscarriage association website is

a patient who says: "Having a miscarriage is devastating but the MVA was the least stressful option for me in these difficult circumstances. I am still coming to terms with the emotional aspects of the loss but I feel happier knowing that the physical aspects have been resolved now." More info on the [miscarriage association website](#).

Jothi finishes: "Miscarriage is an emotional time for women; they prefer to spend less time in the hospital. MVA offer that flexibility of quick recovery and early discharge."

Since February 2017, 20 cases have been piloted, with a 99% success rate, excellent patient feedback and no complications. The team have strict eligibility criteria and they have developed their own audit tools and patient information leaflets.

Jothi is currently training her team to help deliver the service. She concludes: "We are delighted that we are now able to offer this service and are dedicated to improving patient experience and quality of care."

## Targeting Ovarian Cancer

**Our Clinical Nurse Specialists are working with the charity Target Ovarian Cancer to offer a free event for women living with or beyond ovarian cancer on Tuesday 20th March between 9.30am - 3pm.**

The event provides the opportunity to meet other women and attend workshops on the psychological impact of an ovarian cancer diagnosis.

The event is free and includes lunch and refreshments and is being held at the

Doubletree by Hilton, 15 minutes drive from Cheltenham Spa railway station.

Book your place on the event online at: [www.targetovariancancer.org.uk/cheltenham](http://www.targetovariancancer.org.uk/cheltenham)

## Positively speaking



# Positive patients

**We get reviews and messages every week from an increasing number of channels. This is just a selection of those received in January and February.**

#### Email:

**Andy:** A massive, massive thank you to all the Brilliant Staff at Cheltenham General Hospital.

Thank you for looking after me after shoulder operation today. These guys definitely get my thumbs up for more funding from our government. Absolutely fantastic aftercare, thanks once again. Love you Guys!

**Laura:** We are so grateful for him to have this done and fell very lucky to have the surgery and opportunity available to him.

Can I thank you all for your input with him, some right from the early stages, up to this point and beyond. It has made such a huge difference to him and us. I can't imagine where we would be without you all! What a fab NHS with fantastic staff who do your absolute best to improve the lives of patients and relatives.

**John:** Today I had an appointment at the pre-admission clinic prior to my operation in December.

I would like to say how very impressed I was with the efficiency of the whole department and, in particular with Liz Law (a true professional with a great caring, understanding and empathetic attitude); this description also applies to one of the younger nurses whose name I believe is Rhianna. Both are a credit to your organisation. Perhaps you would be kind enough to pass on my grateful thanks.

*"We are so grateful for him to have this done and felt very lucky to have the surgery and opportunity available to him"*

**Melanie:** You guys have all been an absolute delight to work with – your professionalism, knowledge and support for CF families is exemplary - and we are going to miss you all very much.

Owain has promised to write and thank you all separately but please do tell the senior

managers at the Trust that we are totally indebted to the respiratory and support teams at Glos and so grateful for all the support over the last 17 years... you've made a tough journey that little bit easier.

#### Facebook:

**Stephanie:** For the last 2 1/2 weeks my Grandmother who has dementia has been an inpatient following a nasty fall. Initially she was on 4B then Gallery ward. I work for the Trust and know how important feedback is - especially positive feedback.

On 4B I observed an HCA give such kind, compassionate and appropriate care in some really challenging situations. On Gallery ward another HCA demonstrated such professionalism and again kindness with my Grandmother.

*"On 4B I observed an HCA give such kind, compassionate and appropriate care"*

All of the HCA staff I encountered were friendly and polite. A real credit to the Trust. Being on the 'other side' as a relative was difficult but I am very impressed with all the HCA staff I saw - well done everyone and thank you.

**Claire:** My grandfather was admitted to Gloucester Royal in the early hours of Monday morning with heart problems. Unfortunately he passed away yesterday evening after being transferred to Cheltenham for an emergency procedure to attempt to try and save his life.

The care and attention both he and my family received was second to none, from the ambulance staff to the doctors and nurses within Hartpur Suite, and the

CCU. I myself work for the trust and it couldn't have made me prouder to be a nurse than to see my colleagues working so hard to support us all through this very sad time. Many thanks from the Jones'. Keep up the marvellous work x

**Rihanna:** Cheltenham Hospital are superb - their care in Critical care is exceptional and the staff do generally care for their patients. Very happy with their service. Thank you for your support until my Aunty transferred to Birmingham.

**Laura:** Cannot fault their maternity staff at all. I was induced with my first and not the best patient as I was so scared.

The team that looked after me were incredible, from the nurses on the wards to the midwives and doctors in delivery. They knew exactly what to do and say to calm me down and made me feel like the most important person in the world. Charlotte and Becky were amazing. Charlotte delivered my baby and Becky took blood painlessly when no-one else could.

**Lisa:** Went in for an operation on my broken arm yesterday and stayed on 3b and the day surgery unit. Every single nurse and doctor I encountered was absolutely fantastic. To the wonderful nurse that looked after me in recovery while I was having a panic attack and in tears, you were absolutely incredible and the amazing nurses that cared for me through the night and this morning. I wish I remembered all your names...(Emma, I think I heard someone call you 'new Emma', Kate, Rachel, Sue, Mick, Sean) and so many more. THANK YOU

**Share the love!** If you recognise a team or colleague who's included, please pass these wonderful comments on to them. Follow us: @gloshospitals on twitter and @gloshospitals on facebook.

## Website transformation project update

**Our work to build a new website for our trust is almost complete. We've now created 1,179 pages in Wagtail, the content management system which supports our website and intranet, and have uploaded 182 images and 759 documents.**

We're on schedule to complete this part of the project by the middle of February at which point we will start to work on the new intranet. A link to the new website has been shared with all trained web editors so if you'd like to have a look please contact your web lead or contact: [Alison.warren2@nhs.net](mailto:Alison.warren2@nhs.net)

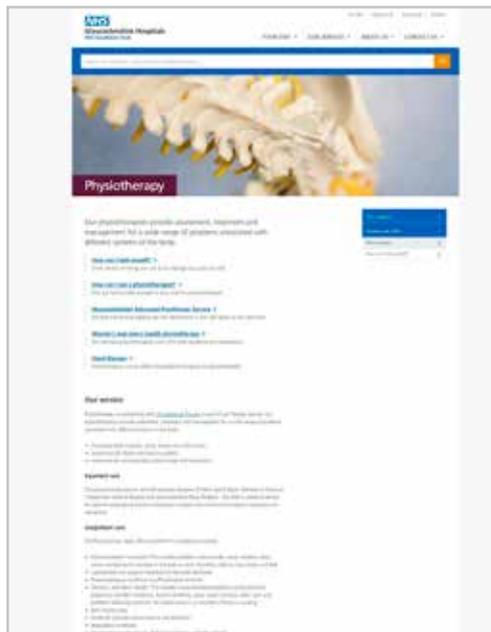
*"A link to the new website has been shared with all trained web editors so if you'd like to look, please contact your web lead"*

There are still a few areas on the website left to migrate, including pathology, consultant profiles, ward areas, charity and GSQIA information.

### How you can help

While the migration work continues, we are asking web editors to stop all non-urgent updates to the website and intranet so we can make sure nothing gets missed between now and go live. If you have any questions about this, please contact [ghn-tr.comms@nhs.net](mailto:ghn-tr.comms@nhs.net)

We are aiming for a go live of the new website and intranet in April, but will provide further updates on this date once we've started building the intranet.



### Designing better websites

Those involved in the project will be familiar with the design principles that we've developed with stakeholders. These have guided us through the project and will help us as we manage them after we go live. Over the next couple of months we wanted to share these principles with you and explain in more detail the decisions behind them. Here's the first five of nine important principles:

#### 1. Focus on information not impression

Our primary function is to provide a service for the users. This should take priority over aesthetics. We have focused our efforts on trying to better understand the real needs of the people who use our websites, what information they're looking for and how to make this as easy as possible for them to

find. We want to improve the experience for anyone looking for healthcare information and are confident that our reputation will be enhanced by the usability of our website, not just by the way it looks. Importantly, we believe it's important that our website doesn't look significantly different from other NHS organisations. This consistency will help people locate information when switching between provider websites and the onward journey from NHS.UK

#### 2. Be mindful of the overheads

Reduce the burden by not creating unnecessary content. Avoid duplication by linking to verified, reliable sources like NHS.UK. The size of our sites makes the management of content by our small in-house team a mammoth task. We want to drastically reduce the amount of content we host, stripping back the site to the information we know people want, so that our sites are relevant, useful and easy to navigate.

#### 3. Be consistent without being restrictive

Offer editors flexibility through components instead of unrestricted visual styles. We

hope our new sites will allow editors freedom to create quality content within a consistent structure that supports our goals of delivering usable, accessible websites.

#### 4. Responsible use of resources

Reduce costs by investing only where a user needs validates it or a business case supports it. We need to make the best of our limited resources by focusing our development efforts on the things we know will make the biggest difference to our users.

#### 5. Start with users and be clear about the process

Don't assume you know what works for the user. Use research and data to evidence and document our approach, explain how we make decisions and where we focus our effort. We plan to challenge our assumptions about what we think we need on our website and how it should work. Just because it's the way we've always done it, doesn't mean it's always the best approach.

For more details contact:

[Alison.warren2@nhs.net](mailto:Alison.warren2@nhs.net)

## Action on smoking!

**New smoking signage is up across our sites, with a personal appeal from staff members and their family not to smoke on our grounds.**

**As a staff member, do you know the pathway to refer patients? Find out more at [www.hslglos.org](http://www.hslglos.org)**



## BISTRO research trial

**At our hospitals, we pride ourselves on contributing to the development of new treatments and surgical techniques to help improve the care of our patients.**

We are currently involved in over 100 clinical trials and other studies ranging from testing new surgical devices or drugs, to studies aimed at helping us to improve our understanding of mental health issues. Clinical trials are conducted in order to gather more information about the best way to treat patients for their illnesses.

Research means turning promising ideas or interesting theories into real benefits for our patients. It is a requirement for us to be research-active and our patients are being encouraged to ask their clinicians to take part in research as a potential treatment option.

*"Research means turning promising ideas or interesting theories into real benefits for our patients"*

The BISTRO (BioImpedance Spectroscopy to Maintain Renal Output) trial is a National Institute for Health Research Health Technology Assessment funded randomised controlled trial. Managed by the Keele Clinical Trials Unit at Keele University, it is designed to determine if regular measurements with a bioimpedance device (a device which measures body fat in relation to lean body mass) improves outcomes for people who have newly started haemodialysis treatment for kidney failure.

Lead Renal Dietitian Sally Pugh is Principal



Investigator for the trial and is supported by Renal Dietitians Liz Brice, Sue Dawe, Jen Dawson and Sian Gittins who are each undertaking the bioimpedance measurements. Haemodialysis nurses, Paula Apperley, Sarah Tandy, Ann Powell, Marcella Hannick and Margie Kaguitla complete fluid assessments and Nephrology Consultants, Dr Jim Moriarty and Dr Madhu Potluri are co-investigators and complete the trial team.

The national target for this trial is to recruit 516 incident haemodialysis patients across 33 hospital sites. Seven patients have been recruited so far at our hospitals and the team are hoping to recruit up to three more before the trial ends in April this year.

Sally explains: "The trial will help to determine if incorporating bioimpedance measurements into target weight assessment helps reduce the loss of

residual kidney function, with the potential to improve clinical outcomes, in particular dialysis related symptoms, hospitalisation and survival. As dietitians we were keen to take part in this research to establish if bioimpedance measurements help in the assessment of our patients.

*"As dietitians we were keen to take part in this research to establish if bioimpedance measurements help in the assessment of our patients"*

Managing fluid on dialysis can be difficult for patients, so additional measures like this could provide more insight to help reset dialysis patients target weight and we hope it could improve symptom management for some patients.

Dialysis patients seem keen to be involved in research and those on the intervention arm of the study have taken a keen interest in their body composition.

Associate Director of Research and Development Julie Hapeshi adds: "It is recognised that patients who take part in clinical trials feel better looked after



and more satisfied with their care. This is mostly due to the improved rapport with the clinician and better continuity of care with the research team.

"Research is a part of our hospital's core business and we are not only encouraging our clinicians to get involved in trials, but also encouraging our patients to ask whether they could be considered for being a part of a trial too."

To find out how you can get involved in clinical trials, contact the Research & Development Team call 0300 422 5467 or by email to [ghn-tr.glos.rdsu@nhs.net](mailto:ghn-tr.glos.rdsu@nhs.net)

## Blood donation appeal

**Could you give blood? NHS Blood and Transplant are appealing for blood donors throughout the winter period to donate at the Gloucester Donor Centre at 59 London Road. To book an appointment, visit [blood.co.uk](http://blood.co.uk) or call 0300 123 23 23.**

## GRASP research trial

**Our physiotherapists are taking part in a national clinical research trial aimed at assessing the clinical and cost effectiveness of a progressive exercise programme compared to best practice advice for patients experiencing shoulder pain attributed to a rotator cuff disorder.**

The Getting it Right Addressing Shoulder Pain (GRASP) trial is funded by the National Institute for Health Research (NIHR) Health Technology Assessment (HTA) programme.

It is a multi-centre randomised controlled trial which also aims to assess whether a corticosteroid injection provides greater improvement in pain and function compared to no injection. The study will recruit 704 patients across the country.

*"I was suggested as a contact, as I work with patients with shoulder problems"*

Clinical Lead, Advanced Practitioner Service and Principal Investigator for the GRASP trial Elaine Wilmore explains:

"As a specialist shoulder physiotherapist I have been networking and attending conferences over many years. When the clinical trials unit at Oxford University was planning to submit their bid to the NIHR/HTA for the trial, I was suggested as a contact, as I work with patients with shoulder problems across primary and secondary care and am also an injector.



"I had also worked as a site investigator for two clinical trials led by different researchers who were part of the Oxford Clinical Trials Unit who recommended me to the GRASP team. I was contacted to provide some background and context into this area and the way that services work in real life. Happily, the team won the bid and I was then invited to attend Trial development day in Oxford during which the physiotherapy interventions were planned. Due to my involvement, we were asked to be an early implementation site along with two other Trusts.

"All of the staff involved had comprehensive training from the Oxford Trials Unit which was great for individual staff development. Our investigators have all completed GCP (Good Clinical Practice) training giving a greater understanding about the roles and responsibilities of clinical research. One of the most frustrating things about our job is not really being able to advise patients about the best thing to do to help themselves as the high quality research just isn't available. Knowing that we are part of a world class clinical trial that will contribute to improving the care of all patients is very rewarding. It has also given staff the insight into the

infrastructure and workings of a clinical trial and how clinical research is conducted.

"Although I am the Principal Investigator (PI) our whole team is involved in GRASP. When referrals are received, they are initially vetted by a physiotherapist. If the patient looks as if they could be suitable for the trial they are contacted by one of the investigators who are me and local site investigators Megan Kirbyshire who is based at CGH and Martine Sessions and Jo Goodwin at GRH.

"Patients are then screened and invited to attend where they will be fully assessed. If patients are eligible and willing to participate, they are consented and randomised into one of four groups. We have two teams of physiotherapists to deliver the interventions and another team who are qualified administer the corticosteroid injections. Treating physiotherapists are responsible for the completion and return of the trial data which is then sent back to Oxford for analysis.

*"Patients are then screened and invited to attend where they will be fully assessed"*

"Initially, there was a slight feeling of anxiety around the trial. Everyone knew how important it was to do it well and do it right; especially as we were an early implementation site. We all wanted to make sure that we did everything properly and the nervousness was around making a mistake or getting something wrong! Now that we are nine months in though, we are quite comfortable with the trial process and protocol and everyone is quite excited when they get a GRASP patient.

"The hardest part of the trial is our capacity to fit patients in. We are an

incredibly busy department and the protocol involves patients being seen within specified period of time which is often not very easy when diaries run at near full capacity every day. However, once again, we have a fabulously supportive administrative and clerical team who pull out all the stops to find appointments for patients day in day out but who give that little bit extra for GRASP patients.

"As with any trial, there is quite an administrative burden with data collection and paperwork. As Principal Investigator, this is my responsibility but we have the most helpful hospital volunteer who helps me out with a lot of this, again, a team effort!

"Being a participant in a research trial means that there is rarely an immediate direct benefit to you and all patients who enter the trial are aware of this. I have been very impressed by our local population who acknowledge the need to conduct research for the benefit of others and society as a whole.

"The easy sell with the GRASP trial is that we already know from previous research that physiotherapy is effective; we just need to know more about what it the most effective and efficient model in which to deliver that care. The benefit to our patients right now is that they are being treated by a physiotherapy team, who are committed to and passionate about, the delivery of evidence based healthcare and who are at the cutting edge of research and knowledge.

"Last week we recruited the 200th GRASP patient overall and Gloucestershire Hospitals has recruited a quarter of all patients nationally and we are the leading recruitment site nationwide."

## Student wins prestigious prize

**A student who recently undertook a placement in Clinical Chemistry at our hospitals has received the 2017 Institute of Biomedical Science (IBMS) President's Prize at Coventry University.**

Our Biochemistry team support at least four students a year with placements, providing witness testimonies to support practice as well as completing laboratory competency documentation and in turn these students volunteer their time to gain experience, contributing to patient care and the production of results at our hospitals.

*"Our biochemistry team support at least four students each year"*

Charlotte Armitage graduated with a first-class degree in Biomedical Science. Pictured here with Ann Green Head of Department at Coventry University and IBMS representative Clare Wood, Charlotte is now on the Scientist Training Programme in Clinical Chemistry at the University Hospitals Coventry and Warwickshire NHS Trust.

Training Officer in our Biochemistry team



Graham Wilson: "Our Biochemistry team is really active in supporting training and placements in our hospitals are in much demand. Charlotte received training and education support that enabled her to complete a portfolio of evidence required for her degree and that also enabled her to register with the Health and Care Professions Council.

"Completion of the portfolio required up to 50 weeks placement in the Biochemistry laboratory at Gloucestershire. The culmination of this was an external verification by a senior professional, we are proud to have helped her in her achievement."

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## Feeling the love in ED

**On Valentine's Day, our Emergency Department (ED) at Gloucestershire Royal Hospital went red as part of a drive to reduce falls across our hospitals and to help raise awareness about the County Falls Assessment and Education Service and the Bone Health Service.**

We see around 134,000 patients in our EDs every year. Much of the falls awareness information at our hospitals is red, so Valentine's Day was an opportunity to raise awareness with some of these patients about how we can reduce the number of falls in the future. We are aiming to ensure that all patients who come to our EDs following a fall are provided with a 'Falls Information Pack'.

*"The Falls Assessment and Education Service have been working with ED to develop this service"*

For patients who are being discharged home, their pack will include balance exercises, contact details for the Falls Assessment and Education Service (FAES) and the Bone Health Service as well as generally advising on how to best prevent falls. For patients who are being admitted to a ward, the pack includes a 'Falls Prevention Bundle', slipper socks and an 'inpatient falls information leaflet'.

Dr Tanya De Weymarn explains: "We chose Valentine's Day because of the timing as well as the link with the colour red. I have worked with our charity and the Rotary Cheltenham Sunrise Club to buy red



sheets for our Emergency Department in Gloucester as we are running a trial there to increase staff awareness of actions to take if a patient is at high risk of falling. If successful, we will be seeking funding to push the initiative out across both sites. For the Valentine's Day event we also organised information displays and a knowledge quiz for staff with prizes donated by our charity and also Asda; all with a red theme.

"The Falls Assessment and Education Service have been working with ED to develop this service and to encourage ED staff to refer all patients who present with a fall and are subsequently discharged home to the falls service for ongoing assessment as necessary.

"It is something we have been trying to do for a while now and we have been trying to make it as easy as possible for the busy team in ED to refer patients through a simple tick box sheet and to improve communication with our staff and patients.

"We are really thankful for the support of the Rotary Cheltenham Sunrise and from our Cheltenham and Gloucester Hospitals Charity in helping us to raise awareness with our staff and patients in such a visual way."

## Our charity

### Award winning nutrition nurse donates prize

When Margaret Collins, Specialist Nurse in our Nutrition Support Team, won a National Award she kindly decided to donate her £250 prize to fund a set of precision scales to benefit local patients; and donations to the hospitals charity have now enabled us to fund a second set of scales to make an even greater impact.



The money was awarded to Margaret at the National Nutrition Nurse Conference 2017 for the Pamela Harris Lecture Award. Margaret delivered a lecture entitled 'Keeping the Home in Homeostasis' which explained how significant bed days can be saved through an outpatient blood monitoring and day case IV fluids service.

*"This work monitors patients who are at risk of readmission"*

This work monitors patients who are at risk of re-admission or an extended in

patient stay owing to their high-output stoma placing them at risk of dehydration.

Richard Smith, Head of Fundraising: "It is incredible that Margaret decided to make a difference for her patients by donating the prize money for this national award. We are delighted that we can fund a second set of scales to help make Margaret's support go even further for local patients. Our congratulations to Margaret for winning the award and our thanks for choosing to donate the prize money."

### Growers are hospital heroes!

Growers United FC have once again shown support for local cancer patients with a donation of £2,000, and we are delighted to make

them our first 'Hospital Heroes' in recognition of their ongoing support of our Focus fund!



### Our heart appeal

Our dedicated Cardiology team work with heart patients from across Gloucestershire, and our aim is to enhance the care offered and provide the best possible experience for the increasing number of people who come to us for treatment each year.

ECG Monitors provide instant information enabling our team to quickly assess a patient's condition, whether that's at the patient's bedside or during emergency procedures. The equipment is frequently used and can easily be moved between beds or areas, so one machine can benefit many patients every day.

*"In total we aim to raise enough funds for two ECG machines, at a total cost of £13,500"*

One of our cardiology patients raised funds for our appeal with a marathon run. When Rotarian Yvonne Binks heard that the hospital team who had given her treatment were fundraising for new ECG Monitoring Machines, she decided to get behind their appeal and make an impact for future patients.

Yvonne completed the Bournemouth Marathon just 18 months after undergoing



heart treatment. She sought out sponsorship from fellow Rotarians, friends and from her previous employers at Barclays Bank, who provided matched funding.

As Yvonne explained, "At age 70, but with 16 marathons behind me, I considered myself fit and healthy and so my heart attack came as a shock. I have nothing but praise for the support and treatment I received from Dr Peter Scott and his staff at the heart unit and so I wanted to do something tangible to show my gratitude."

You can get involved in our Heart Appeal by:

- Taking on a sponsored challenge to raise money for the appeal – including our annual Walk for Wards.
- Holding your own fundraising event, such as a cake sale or raffle.

Find out more: 0300 422 3231  
[ggh-tr.fundraising@nhs.net](mailto:ggh-tr.fundraising@nhs.net)

## Our charity

cheltenham  
and gloucester  
hospitals charity



## Extra comfort for local cancer patients

**Thanks to supporters of Focus local cancer patients are now benefitting from increased comfort with six new Rise and Recline Chemotherapy Chairs in Oncology Outpatients.**

The chairs will make a huge difference to cancer patients who are receiving chemotherapy treatment for long periods; a time when the additional comfort and security offered by the chairs will make a real impact.

*"We are very grateful for the support shown"*

Head of Fundraising, Richard Smith "We are very grateful for the support shown for this appeal, and I know how grateful our cancer patients are for the new chairs. When people are coming for regular chemotherapy sessions, a time when they may feel



particularly anxious or unwell, this extra comfort really does make a big difference.

Focus are fundraising for Rise and Recline Chemotherapy Chairs across the Oncology Centre and Cancer Wards, if you would like to find out more about their appeal please contact the Cheltenham & Gloucester Hospitals Charity on 0300 422 3231.

## Join the lottery

**Every year the Hospitals Charity helps to improve the experience for thousands of local patients and their families, and for just £1 a week you can support our work and have the chance to win a cash prize every Saturday.**

Every player will be allocated a six digit

lottery number which is theirs for as long as they play. The top prize is £25,000 for all 6 digits matching, £1,000 for 5 matching digits and many more prizes up for grabs. To find out more about how the lottery works visit [the website](#) or call the charity team on 0300 422 3231.

## A marathon effort

**Clinical Nurse Specialist in Community Palliative Care Katherine Lawson is running the London Marathon on April 22nd 2018.**

Katherine will run 26.2 miles in support of the Progressive Supranuclear Palsy Association (PSP). They are a national charity providing support and information to people living with PSP, a neurological condition caused by the premature loss of nerve cells in parts of the brain.

Katherine explains: "We work alongside patients and their families to ensure that a life limiting diagnosis does not stop them from living and enjoying their life. I work with an amazing multidisciplinary team and have been

blessed to work with three families who have a loved one affected by PSP.

"To say that these people are an inspiration would be an understatement. They are all affected in slightly different ways but all have led fulfilling, inspirational and loving lives. They have all been supported by family, unwavering in their love, support and care. Family who have given up work and 'normal life' to make sure that their loved ones are cared for in a dignified way, keeping the spirit of who they always were alive even when they are less physically able."

If you would like to support Katherine, visit: <https://uk.virginmoneygiving.com/KatherineLawson1>

## Appeal for Friends

**The charity Friends of Gloucestershire Royal Hospital has raised funds and contributed to projects aimed at improving care and facilities for Gloucestershire Royal Hospital's patients and staff for seventy years.**

Unfortunately in recent years the Friends has experienced a drop in membership

and are keen to attract new members, particularly those willing to stand on its Council to secure the future of the charity.

If you would like to join the Friends, please contact its Membership Secretary Ann Gooch ([anngooch@yahoo.co.uk](mailto:anngooch@yahoo.co.uk)). More information about the Friends can be found on their website: [www.friendsofglos-hos.org.uk](http://www.friendsofglos-hos.org.uk)

## OUR PATIENTS: in their own words

**We want to thank the midwives in the Birth unit. Excellent support and what a caring team you all are!**

**The room was clean and tidy and your constant checks were welcomed. They were prompt in opening the doors at stupid O'clock time to let us in. The safe arrival of our baby depended on them and they did not let us down.**



## Aveta team's twinning idea



**The Aveta Birth Centre team have been contributing to a charity initiative. In lieu of Christmas cards, the team at Aveta donated to the charity Toilet Twinning.**

Susie Perks says: "We were keen to improve women and children's health on a worldwide basis. The team were keen to get involved, thinking it was a fabulous idea. We raised £60 which funded one latrine, thought to be much better use than Christmas cards."

*"Bad sanitation is one of the world's biggest killers"*

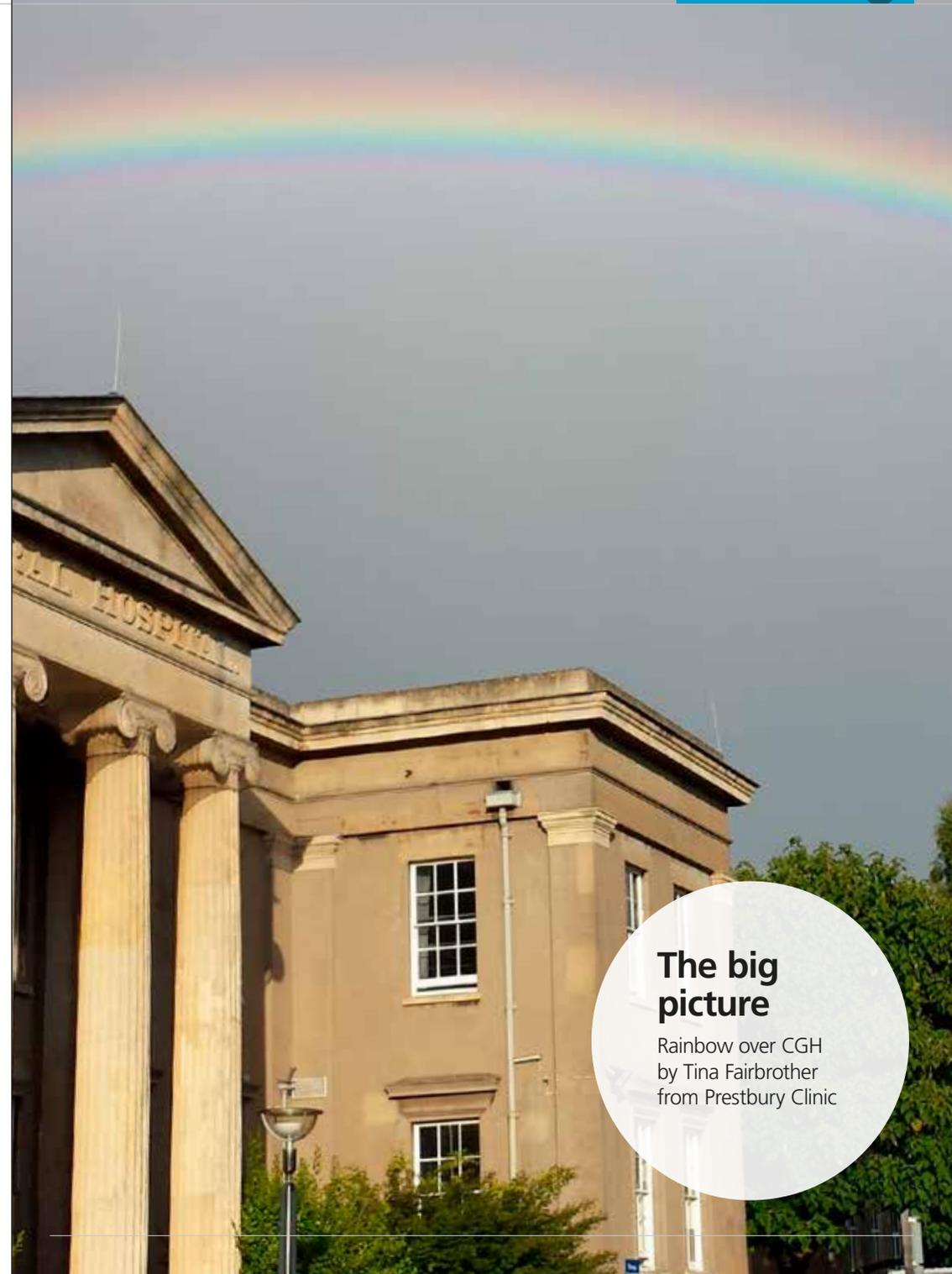
1 in 3 people across the world don't have somewhere safe to go to the toilet. Bad sanitation is one of the world's biggest killers: it hits women, children, old and sick people hardest. Every minute, a child under the age of five dies because of dirty water and poor sanitation, and around half the people in the world have an illness caused by bad sanitation.

Women and girls suffer most in Africa, where half of young girls who drop out of school do so because they need to collect water – often from many miles away – or because the school hasn't got separate

toilets for boys and girls. Not having a loo puts people at risk of being bitten by snakes as they squat in the grass and makes women and girls a target for sexual assault as they go to the toilet in the open.



Providing people with clean water and basic sanitation is one of the most cost-effective ways to release people from poverty: for every £1 spent on water and sanitation, more than £5 is returned through saved time, increased productivity and reduced health costs. <https://www.toilettwinning.org/>



### The big picture

Rainbow over CGH  
by Tina Fairbrother  
from Prestbury Clinic

Massive thank you and huge respect to all the wonderful @NHS staff at Gloucestershire Royal and Cheltenham Hospitals Eye Care Departments for re-attaching my retina! Didn't see this one coming! Same day consulting too.

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Thinus, Twitter, 30 January 2018