

Involve

JANUARY-FEBRUARY EDITION 2019

Good times

CQC inspection results revealed

MORE DETAILS ON P5 →



IN THIS
ISSUE

- > NAAS communication
- > Better Births
- > Apprenticeship focus
- > Ophthalmology research
- > Acute Care Response
- > About our Governors

Message from Deborah Lee



The new year has begun at the usual pace and there is so much going on that there is barely time to pause for breath! However, I couldn't start this new message without saying how delighted and proud I am to say that the CQC has rated us as 'Good'!

We were cautiously optimistic that this would be the outcome of our inspection late last year, but it is wonderful to have this, our quality regulator's official endorsement of the progress we have made. Our staff know it and our patients tell us the same but nonetheless, this official recognition is fantastic and marks an important milestone on our journey to an 'outstanding' rating next time. I am tremendously proud of all the colleagues who made this happen. Read more on page 5.

Our staff know it and our patients tell us the same but nonetheless, this official recognition is fantastic

Looking forward, this year will be marked by the publication of the NHS Long Term Plan - the first of its type not to be wrapped in a snappy strapline or title and launched with a hard hitting promise of saving half a million lives over the next decade. Whilst it is hard to argue with this commitment, commentators have continue to debate



whether this is another 'wish list' or tackling the whole point of planning which, in the words of Chris Hopson, CEO of NHS Providers, is 'to choose between different desirable outcomes, ruthlessly prioritising what to deliver... then ensuring priorities match available money, staff and change capacity/ capability'. The difficulty with this from my perspective is that the workforce to make it a reality hasn't yet been developed. This is a both risk and an opportunity but with many areas of our Trust already experiencing workforce shortages, it feels more risk than opportunity right now.

Operational pressures continue and analysis undertaken by the team shows that in December we experienced 28 additional patients a day presenting to our two ED departments, compared to last year. If we compare the first ten days of January this year to 2017/18, then that rises to 55 per day with 50 of these falling upon GRH. Simply unsustainable but shows just how tremendous the efforts of our teams, and the impact of new services, have been given that we went on to achieve the 90% 4 Hour A&E standard for the

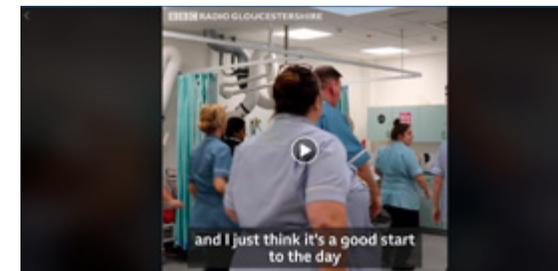
quarter. With the likelihood of further pressures to come, I am heartened that system colleagues have acknowledged that we appear to be reaching a 'tipping point' in respect of the demand being placed on hospital services and that simply doing the same things, or even more of the same things, is unlikely to succeed. With this context, the Trust has called for a 'radical review of our system operating model'. And of course, the Integrated Care System (ICS) is the perfect lens through which to imagine this radical future.

We achieved the 2 Week Cancer Waiting Time Standard for the first time in two years

Sticking with the theme of improving the experience of our patients and importantly meeting the national *constitutional standards*, I am absolutely delighted to confirm that the Trust is now delivering 5/8 of the cancer standards and last month achieved the 2 Week Cancer Waiting Time Standard for the first time in two years. Two week wait performance relies on a multitude of people from the booking teams in Central Booking Office, to endoscopy and breast services handling over 100 referrals a day, members of the Cancer Services Team scrutinising waiting lists and data quality behind the scenes and finally to the many clinical teams and other staff on the ground in outpatients who are seeing over 2,000 patients a month, often overbooking clinics to ensure patients are

offered care within the national standard.

I'm not sure where I got all my news from before I became a member of the Twitter family but lots of great news and information is tweeted daily. For example I learned that our orthopaedic outpatients team are doing their own version of the Cupid shuffle – twice a day, this team embark on what looks like the most fun any of us will have at work! Not just fun but great for team building, wellbeing and apparently such things increase productivity – the holy grail! It looks like teams right across the NHS will be following Gloucestershire's lead on this one. Thanks to Health Care Assistant, Sam Wadley for sharing the Tweet. It has also now been on BBC Radio Gloucestershire's Facebook page, where it has attracted over 1.3 million views.



The Cupid shuffle on Facebook

Message from Deborah Lee

Our very own John Boyes won national acclaim when he was awarded first prize for the ‘most inspiring innovation’ in the recent NHSElect Awards for his work to develop Point Of Care Testing for our patients with suspected influenza; a typically modest response from John ‘very proud but this was not done alone’.

Getting It Right First Time is a national programme designed to improve the quality of care within the NHS

Other news that I’m delighted to announce is that Dr Charlie Sharp, Respiratory Consultant has been appointed as the Trust’s first GIRFT Lead (Getting It Right First Time). Getting It Right First Time is a national programme designed to improve the quality of care within the NHS by reducing unwarranted variation. By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and reduced length of stay for patients.

I am a huge GIRFT fan not least because of the strong clinician focus it brings to peer review and, given our success in Trauma and Orthopaedics, leaves us very well placed to take advantage of national GIRFT Lead Professor Tim Briggs and his army of helpers. GIRFT provide us with phenomenal access to data, however there



Dr John Boyes

is a risk with such rich information flowing into the organisation (on an almost weekly basis) that we miss the opportunity to join up the dots when multiple services have similar issues that might best be addressed on a Trustwide basis.

January saw the publication of the Government’s 20-year strategy and five-year plan for tackling antimicrobial resistance and it will come as no surprise to those in the know that judicious use of antibiotics remains the key strand of the immediate plan. However, I am optimistic in that we are very fortunate to have attracted Kerry Holden as our new Lead Nurse for Infection Prevention and Control; Kerry has followed Associate Chief Nurse, Craig Bradley from University Hospitals Birmingham and brings a wealth of experience and many, many new ideas.

After an exhaustive recruitment process, I am delighted to announce the appointment of two new Executive Directors. Mark Pietroni has been appointed as our next Medical Director. Mark’s career path has been slightly unconventional with 15 years

delivering and managing healthcare in Bangladesh and, more recently, as Director of Public Health for South Gloucestershire; alongside this latter role Mark has worked for five years as a part-time Acute Physician and most recently also as Specialty Director for Unscheduled care here at GHFT. He therefore brings a wealth of invaluable experiences and transferable skills, many of which are not typical in a Medical Director.

I’m also pleased to announce the appointment of Rachael De Caux as our next Chief Operating Officer. Rachael is currently Regional Medical Director for NHSI South and brings with her a wealth of operational and quality improvement experience; additionally she has experience of both NHS and non-NHS health sectors. An A&E consultant by trade, she held a Chief of Service role in Royal Berkshire NHS Trust and was fortunate to be selected to participate in the prestigious NHS Leadership Academy programme at Harvard Business School in 2014, aimed at supporting clinicians to enter senior management positions in the NHS.

A huge shout out for our administrative and clerical staff who can often seem overlooked when operational pressures dominate the agenda

Finally, a huge shout out for our administrative and clerical staff who can often seem overlooked when operational pressures dominate the agenda. On this occasion, the spotlight is on our medical



Prof. Mark Pietroni

secretary workforce who have been able to reduce the backlog of clinic letters by more than 50% in the last six months to an all-time low; there are now 1380 letters, over the five day turnaround standard, in just five main specialities.

I appreciate for the 1380 patients and GPs awaiting this, is 1380 too many but it is important to acknowledge the efforts to achieve this and the plans in place to reduce this to a total of zero. This is a huge contribution to patient safety from a group of staff not always recognised for contributing to this critical agenda.

We will be featuring news from our Governors in every edition of the magazine for the next few months. Do turn to page 18 to read more about what our Governors do and to find out who is your local representative and how you can get in touch with them.

CQC rating announced

The Care Quality Commission (CQC) has rated our Trust as 'Good' overall following a comprehensive inspection of services last autumn.

The rating demonstrates the huge strides made at our Hospitals in delivering high quality care to patients. Stroud Maternity Unit had been rated 'Good' in a previous inspection and maintains that status.

The inspection shows that 90.5% of services are now rated 'good' or 'outstanding' compared to 72.5% at the last inspection, reflecting the continuing positive trend of improvements in care. None of our services was rated as inadequate.

The most gratifying part of this report is the recognition of the contribution our staff

The Well-led Review also resulted in a 'good' rating, demonstrating the quality of leadership across all levels of the Trust. Unsurprisingly given the recent financial status, the Trust was rated as 'requires improvement' for Use of Resources, however, the positive progress being made in managing the Trust's finances was also recognised, as demonstrated by the Trust coming out of financial special measures in November.

Positively, the CQC inspectors rated our services as safe and we were judged to

be caring in all areas of service. Areas of outstanding practice featured in the report included a culture in which quality improvement and innovation was embedded; special praise was also given to the quality of care to patients with a Learning Disability. Recent changes to service provision between GRH and CGH, such as the trauma and orthopaedic pilot, was commended, as were this year's winter plans and changes to urgent and unscheduled care services (A&E) at GRH.

Chief Executive Deborah Lee said: "The most gratifying part of this report is the recognition of the contribution our staff have made to these significant improvements in the safety and quality of care given to our patients. I also hope it will be reassuring for the patients who rely on the quality of our services, to know that they officially in 'good' hands.

"In achieving this huge milestone we join a group of acute Trusts who have achieved this rating or better and completes the 'hat-trick' of all three NHS healthcare providers in Gloucestershire being rated 'Good' overall by the CQC."

Deborah added: "The inspectors' insights also provide a valuable opportunity to further improve services for patients and will be a tremendous source of motivation for our staff to aim even higher.

"Of particular importance is the residual 'requires improvement' rating for the responsiveness of our services – a reflection of the long waiting times experienced by some patients. This is an area that is

Overall
rating:

Good

achieving huge focus in the Trust and I am confident that our plans to improve waiting times will improve significantly. This has been demonstrated most recently with the achievement of the two-week cancer waiting time standard for the first time in more than two years.

Our nursing, midwifery and AHP teams have demonstrated exceptional leadership and I am delighted that this has been recognised by the CQC

"We want our 'Good' rating to be a stepping stone on our journey to an 'Outstanding' rating at our next inspection. The best organisations are continuously striving to improve and our focus will remain in achieving this outcome for patients in Gloucestershire."

Steve Hams, Director of Quality and Chief Nurse, added: "I am particularly proud of the extent to which the whole organisation

has focused on delivering better experience and outcomes for our patients. "Our nursing, midwifery and AHP teams have demonstrated exceptional leadership and I am delighted that this has been recognised by the CQC. We acknowledge there is more to do to ensure every patient has the very best responsive service to meet their health and care needs, and we are united in our commitment to Best Care For Everyone."

Next steps will include developing an action plan to address the improvement opportunities highlighted in the report. We are also working on our five-year strategy, which will set out how we move forward to achieve an 'Outstanding' rating.

Thank you to every one of our colleagues who have worked so hard to deliver this fantastic result.

NAAS communication

The NAAS programme was highlighted as an area of outstanding practice in our recent CQC report.

This outstanding practice was observed in using NAAS, a nationally recognised nursing assessment and accreditation system, to measure the quality of nursing care. The Nursing Assessment and Accreditation System (NAAS) is designed to support nurses to understand how they deliver care and identify what works well and where further improvements are needed.

NAAS incorporates the Essence Of Care standards, key clinical indicators, Compassionate Care (6C's) and CQC fundamental standards. It provides structure and guidance of expectations for nursing staff, showing them what 'outstanding care' looks like, as well as helping to identify areas that require support.

2018 was the year that we got NAAS up and running. For 2019, we are looking to build on this and expand into new areas

Anticipated benefits include increased staff engagement, improved recruitment and retention, credible benchmarking as all areas are assessed by the same team and most importantly, our patients will have a better experience. It has been adopted by several other Trusts across the country, but we are the first in our region to adopt it.

Philip Lort has been leading the project along with Katie Howard, so many of you will be familiar with them from the NAAS audits. Round one of NAAS at our hospitals is now complete; we began assessing in mid-July 2018 and finally completed all 39 first round assessments in January.

Benchmarking against other Trusts, this has been a real achievement. Not only that, work is underway on Round 2 re-assessments of Red and Amber areas and improvements are already being seen.

Project Lead Philip Lort says: "2018 was the year that we got NAAS up and running. For 2019, we are looking to build on this and expand into new areas."

NAAS work for this year focuses on the following areas:

- Work continues on Round 2 assessments
- Review of the assessment documentation ready for Round 3
- Looking at how we can involve AHPs and other staff groups in the system

Philip told us about another great development that we will see in 2019: "It's exciting that work has now commenced on bringing NAAS into Maternity (MAAS) and outpatient areas (OPAAS). These all require bespoke assessment documentation and we are working with the relevant teams to make sure they are both fit for purpose and fit within the NAAS framework."

The NAAS team were keen to hear from ward teams who have undergone re-assessment about what it felt like to have

NAAS return. This is what they said:

Julie Capper, Ward Manager for Woodmancote Ward said, "I was so pleased that Woodmancote Ward had made positive steps in the right direction, it was bite size chunks that created the wins. Instilling a sense of pride in the ward, making everyone feel they had a part to contribute had a significant impact on the improvements.

"Working towards Green will require a more robust and detailed action plan that focuses on the value each team member has in delivering to the improvements and this will be set out in the action plan with every member of staff owning a part of the NAAS project."

The CQC said that outstanding practice was observed in using NAAS

Louise Wiggins, Ward Manager Alstone Ward continues the theme: "As a ward manager, I endeavour to make progress



toward our journey to outstanding and recognise that sometimes improvements are required to facilitate not only an improved score, but also to ensure team engagement and motivation. Key improvements were to identify individual responsibility and ownership, accessing support to improve knowledge and skills and ensuring that everyone was focused on Green."



Philip Lort

"2018 was the year that we got NAAS up and running. For 2019, we are looking to build on this and expand into new areas."

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:

Gill: Having spent many hours in this hospital over the last few years, both for joyous and devastating reasons alike, I can not fault the place or the staff we have met. I have just returned home from having an operation today and the staff made it seem like nothing was too much trouble for them. From the anaesthetist to the porters - great, friendly and helpful staff with a smile for each and every patient. Thank you Gloucestershire Royal.

The staff made it seem like nothing was too much trouble for them

Twitter:

Deb: Atique Imam, Maria Lundgren and radiology team @gloshospitals I can't thank you enough for making my friends procedure this afternoon bearable. #heros #thanks

Kate: Can't speak highly enough of the staff at Gloucestershire Royal Hospital - my daughters had surgery today and all of the staff went above and beyond the call of duty. Thank you @gloshospitals @NHSuk

Leanne: I understand that unfortunately not everyone has good experiences of the NHS, but based on personal experience & that of my family members when accessing care @gloshospitals it feels like destination #J20 has already been reached. I am forever thankful! #HealthIsEverything

Nic: One day @gloshospitals I'll write a blog post explicitly about how amazing you services are! In the meantime the hospital mentioned in this story was GRH where we received such compassionate, expert care after our miscarriage and later helped us deliver our two boys. #indebted

Redbridge: My admiration for @gloshospitals and their fabulous staff is no secret, but the care and attention shown to my youngest son over the last 48 hours in the DCC and HDU wards was second to none, these are amazing people and my wife and I are forever in your debt (again) you rock!

Sarah: Thanks to the whole vascular team @gloshospitals for their amazing care. Dad had a successful EVAR op today. Whole process from start to finish was flawless. Thank you.

Frances: Thank you to all involved in the care of my son in law Jack who sadly died on the 7th Jan and for the kind support and care you gave to my daughter, myself and all our family. Thank you to Cheltenham ED @gloshospitals, paramedics and the Police

Kate: Morning All! There's Dr in @gloshospitals who is a total legend - a patient could only eat Marmite due

to chemo taste buds...he went home from shifts and MADE her marmite bread. Her daughter is coping brilliantly after she died. I'm sure it's down to the extra #NHSlove her Mum got.

NHS Choices

Jackie: I have been treated with nothing but the utmost respect by the ENT department for investigation of parathyroid disease. The staff are exemplary including the consultant, his outpatient nursing staff and nuclear medicine/ultra sound scan team.

I observed other patients being treated with respect and kindness even though the NHS is under immense pressure for resources and time. Thank you, all of you.

I observed other patients being treated with respect and kindness even though the NHS is under immense pressure

As: At all times the staff were lovely, reassuring and informed. Nurses are too stretched, they never stop, they deserve all the praise one can give. They need more staff, yet they work tirelessly and consistently without complaint, from the doctors though to the tea trolley housekeeper.

I found the food well balanced and considered with a vegetarian option daily. One hears many complaints about hospital food, it is good, nutritional, freshly cooked and served hot, what's to grumble about?



Barry: Having been unable to get an emergency GP appointment, I went to Cheltenham Gen A&E. After an hour or so then got told I needed to go to GRH A&E. After a very long wait a Doc realised something was seriously wrong and admitted me.

Two days later I had an emergency op for spinal cancer. All the nursing and medical staff who dealt with me were outstanding. The Nurses patience staggered me and the overall professionalism from the Consultant Surgeon/Consultant Neurologist and all their staff were truly impressive. I cannot express adequately my gratitude.

Pat: I was taken to the GRH by ambulance suffering from severe abdominal pains. I had a fairly long wait in A&E but it was Saturday night. However once I was seen by two very pleasant doctors everything happened extremely quickly. They ordered a CT Scan and very quickly I was told that I had to have an immediate operation.

Every person I saw, from the cheerful and reassuring young man who took me to have the scan, the extremely kind and caring radiographer and of course my wonderful surgeon who operated with such skill and I have so much to thank him for.

Shaping the future for families

The Gloucestershire Better Births team is working with services across the county to help improve care for women and their families in the coming years.

In 2016 Better Births set out the Five Year Forward View for NHS maternity services in England. This clear vision was for maternity services across England to become safer, more personalised, kinder, professional and more family-friendly.

Collaboration, innovation and passion about our work will bring about positive changes for our service users

Better Births Clinical lead Dawn Morrall explains more about the programme's aims:

"This was the springboard to the Better Births maternity transformation plan, which we have developed for Gloucestershire, setting out our view of what maternity services should look like here in the future.

"The Gloucestershire Better Births team is working with staff to deliver transformation, not only from Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Clinical Commissioning Group, but also across organisational boundaries with other relevant NHS health and social care providers, with service users (Maternity Voices) and with voluntary services. We

are bringing these services together as a Local Maternity System (LMS)."

Working together within our Local Maternity System (LMS) of which our Maternity Voices Partnership is a key part, we can ensure that service users' views inform our vision, and contribute to the development of local maternity care.

Dawn adds: "Our aim is that services work in a collaborative way to wrap care around mothers, babies and families. We want women to be able to easily access information to make informed decisions, with resources such as the Maternity Voices Partnership website, which will launch later this year.

"A key piece of the Better Births plan is meeting the target of a 50% reduction in stillbirths, neonatal and maternal deaths and brain injuries during childbirth by 2025.

"Another significant piece of work is developing continuity of carer for women, so that more women see the same midwife throughout their pregnancy, birth and after the baby has been born."

The Better Births team ethos is that collaborative working across professional boundaries, innovation and passion about maternity services will bring about positive changes for women, babies and their families, as this is at the heart of their programme.

Programme Manager Anna Rarity told us: "We are now three years into the five-year programme and already have much to be proud of. Over 30 projects have

been supported under the Better Births umbrella to improve services, deliver innovations and bring transformation to maternity services in our county.

"Recent achievements have included the launch of a new hypnobirthing course, a refreshed antenatal education offer which has been extended to include additional sessions at times that work for local people, the development of over a dozen short information films showcasing the services that are on offer in Gloucestershire and allowing families to share their experiences of our maternity services.

Another significant piece of work is developing continuity of carer for women

"A specialist Perinatal Mental Health Team now offers support to women. We are also working closely with Gloucestershire County Council on an innovative targeted contraception pilot, where midwives are offering contraception to women.

"We are also working closely with Public Health and are now able to offer a more focused Healthy Lifestyle offer for pregnant women, to support a reduction in smoking. This service is also able to offer women advice and support about healthy weight management."

See page 9 for details about the new Hypnobirthing classes.



Your journey to parenthood

Maternity services should be safe, personalised, kind, professional and family friendly.

National Maternity Review: Better Births, 2016

Our aim is to ensure that every woman in Gloucestershire and their family has access to safe and personalised maternity care, giving babies the best start in life.

Follow us on twitter @glosbetterbirth and on facebook: @BetterBirthsGloucestershire



HEALTH & WELLBEING: FOR STAFF AND PATIENTS

Cervical cancer week

Late January saw the Trust raising awareness as part of national Cervical Cancer Prevention week.

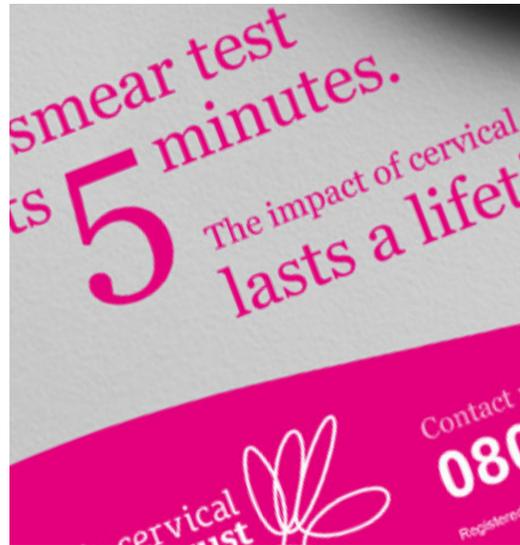
While the future looks set to change with the advent of the national vaccination programme, current cervical screening remains a very important tool in the detection of pre-cancerous and cancerous changes.

It has been well-reported recently that the numbers of people who attend their screening appointments has dropped, leaving them at risk of developing this disease. Public Health England commented:

"We are at an all time low in attendance with over 1.2 million women not taking up their invitation in 2017 to 2018. Sadly, we are also seeing rates of cervical cancer going up."

890 women a year still lose their lives to what is largely a preventable death if diagnosed early

Whilst the number of women dying of cervical cancer has reduced massively, thanks to the success of the screening programme and improvements in sexual health, 890 women a year still lose their lives to what is largely a preventable death if diagnosed early. Every day, nine



women are diagnosed with cervical cancer and two women will lose their lives. The faster we act, the faster we change this.

To find out how to reduce your risk, visit www.jostrust.org.uk; the website also excellent information for women with learning disabilities, in an easy-read format. Jo's Trust was established in 1999 by James Maxwell, after his wife Jo passed away from cervical cancer. It was Jo's wish that every woman affected by cervical cancer could get the support and information they needed.

HEALTH & WELLBEING: FOR STAFF AND PATIENTS

Breaking point?

Could you offer short breaks to children with disabilities? Family Link Plus is looking to recruit new carers!

Family Link Plus, which is run by Gloucestershire County Council, covers the whole county, providing tailored support packages, in and out of the family home to families with disabled children 0-18 years. They offer both day and overnight care for disabled children and young people, offering care in the forms of weekday teatimes, weekend breaks and short breaks from the family home during school holidays.

However, there is no upper age limit and carers can be single, a couple or a family.

The service welcomes applicants with experience of caring for disabled children and those with complex health conditions, although this is not essential. They are looking for people with an understanding of children's needs and willingness to learn new things and embrace new challenges. Ongoing training and a full support package will be provided. To be a Family Link Plus carer you must be over the age of 21. However, there is no upper age limit and carers can be single, a couple or a family.

There was a recruitment stand in Conservatory two of the GRH Atrium on Wednesday 20th February, but if you missed



it, you can find out more online or by calling the team on 01452 426860. www.gloucestershire.gov.uk/familylinkplus

The team do truly life changing work and you could participate to make a difference to a family's life.

Family Link Plus offer an excellent package of support to carers, based on the belief that in order for carers to provide brilliant support to families, they require an inclusive and ongoing support package from the Local Authority. This includes:

- A comprehensive payment structure
- Thorough assessment process which includes extensive training
- Ongoing access to informative and up-to-date training programmes
- Continual professional support

HEALTH & WELLBEING: FOR STAFF AND PATIENTS

Hypnobirthing courses

We are delighted to announce that we are now able to offer hypnobirthing courses for women and their birth partners, run by our own midwives.

Hypnobirthing can help women to work with their bodies for a positive birth experience. This new initiative has been developed as part of our Better Births programme and aims to offer families more choice during their pregnancy.

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These courses are available for a small charge and are offered as an alternative to our standard antenatal education groups, which are free of charge.

This new initiative has been developed as part of our Better Births programme and aims to offer families more choice during their pregnancy.

Courses cost £125 per couple, which includes 10 hours teaching, a book and CD; some concessionary prices are available. They run on evenings & weekends over 4 weeks in Gloucester, Cheltenham and Stroud and you can attend from 28 weeks pregnant.



You can book or find out more by emailing: gkn-tr.hypnobirthingclasses@nhs.net

HEALTH & WELLBEING: FOR STAFF AND PATIENTS

LED lighting

Gloucestershire Managed Services (GMS) were successful in landing over £400,000 of national funding to further roll out the programmes and projects they have pioneered to make the best use of LED lighting.

The focus of this work is improving the sleep environment for our patients and the working environment for our staff, many who suffer from the 'all or nothing' approach to lighting at night-time on our wards.

In addition, departments such as pathology, which also run 24/7, will benefit from a much 'kinder' and healthier approach to lighting, for the benefit of staff who work in these services after dark.



Photo By: Jonelle Kinnearough, US ARMY

Patients: in their own words

Due to the rapid nature of my admittance I didn't have anything to entertain myself so I just watched the world go by the end of my bed. Despite whatever cutbacks have affected them and burdened by a huge amount of paperwork, I witnessed nothing but positive caring people, juggling many patients needs effectively and with a smile on their face.

Thank you all, you are all a credit to your profession.

Ophthalmology Research and Innovation

Did you know our Ophthalmology team is building an international reputation for their approach to pioneering research and training?



Prof Andy McNaught



Prof Peter Scanlon

We are a certified Clinical Trials Site of Excellence as a member of EVICR (The European Vision Institute Clinical Research Network) led by Professor Peter Scanlon and Professor Andrew McNaught, we are amongst the highest recruiting sites across Europe and the ophthalmology team see around 47,000 patients a year at our hospitals. As a result, we are able to offer the very latest treatment as well as the opportunity to be imaged on the latest tech provided for trials which provides greater clarity of image down to a cellular level, and therefore improved diagnosis.

The ophthalmology team see around 47,000 patients a year at our hospitals

Our patients are already benefitting from the OPTOS wide angle camera (see photo) which is being used in another diabetic eye screening trial in partnership with Queens University Belfast: Emerald. The

extremely wide-angle (200 degree) retinal images show a lot more of the back of the eye than do normal cameras and can be digitally shared with a consultant Ophthalmologist. We are the major recruiter to this trial which balances cost-effective use of ophthalmology expertise with safe monitoring, no clinical risk and fast results.

Meanwhile, thanks to research funding as well as charitable funding (from the Gloucestershire Eye Therapy Trust), eight state-of-the-art £100k Heidelberg Spectralis cameras are now being utilised across our hospitals.

Glaucoma and Hyperspectral Imaging Research at our hospitals is led by Consultant Ophthalmic Surgeon Professor Andrew McNaught. Previous projects include the spectral imaging: NIHR portfolio study of retinal oximetry. Working alongside Prof Andy Harvey, Department of Physics and Astronomy from Glasgow University, the pair devised a novel spectral imaging camera that has been used to estimate the oxygen saturation in retinal blood vessels.

The Gloucestershire Retinal Research Group is currently involved in nine major research trials in diabetic retinopathy (including screening), vein occlusion, AMD or uveitis and has completed another 20 or so similar trials. Professor Peter Scanlon explains: "From my point of view we started to get involved in research trials in 2011 because we started to do research in clinics but then started dedicated clinics which became successful."

"We now have dedicated research staff, doctors, nurses, admin and clinical trial officers and we attract a lot of research studies from across the UK as well as Europe as we recruit at a high level and on time. We also have statisticians who provide support for high-profile projects such as the National Ophthalmology Database project which, in partnership with the Royal College of Ophthalmologists, collects, collates and reports the detail on all cataract surgery in England."

"For our patients, I think it provides an opportunity to get treatment at an earlier stage than they would otherwise have and they always see the same staff members who generally have more opportunity to take the time to discuss the condition than would ordinarily be offered in routine ophthalmology clinics."

We rely on and are so grateful to our patients for agreeing to participate in these trials and studies, which lead to new treatments and therapies for the UK and worldwide

"We work closely with the Trust's Research and Development (R&D) team and have had a lot of support from Julie Hapeshi, advising on projects and on PPI (public

Continued on next page ▶

Ophthalmology research and innovation

and patient involvement), as well as Research Portfolio Managers Gemma Race and Tom Llewellyn as well as key finance support from Emma Jackson."

We rely on and are so grateful to our patients for agreeing to participate in these trials and studies, which lead to new treatments and therapies for the UK and worldwide.

The Gloucestershire Retinal Education Group (GREG) was founded in 2006 with the appointment of Steve Adlington and since that time they have developed an International Certificate of Higher Education in DR Screening in collaboration with the University of Gloucestershire with 239 completed and 22 current students from 22 countries.

GREG received eight innovation awards from the International Association for Prevention of Blindness (IAPB) totalling US \$766,757 to provide an International version of the 'test and training' system in English, Chinese, Spanish, Vietnamese and Bahasa Indonesian. As well as a DR Screening qualification in Chinese with 117 students in 2017/18 and a further 41 in the first 2019 cohort.

The team also developed a Quality Improvement in Laser Treatment award to develop an on-line course, a downloadable innovative laser treatment simulation tool and thermochromic paper retinas in artificial eyes, training doctors in China, Africa & the UK. They have also developed training and an innovative laser treatment simulation tool for Retinopathy of Prematurity (RoP).



Steve Adlington

Their 'Test and training' is now the mandated QA tool for over 1,500 diabetic eye screening graders in England, Northern Ireland and the Republic of Ireland and has shown incremental improvement in skills in recognition and classification. Graders who miss sight threatening DR in the test sets are given extra training to provide year on

year improvement in grading quality. The International version supports the education and continued professional development of many staff in China and Bangladesh and has limited but increasing use in Africa, Indonesia, Italy, New Zealand and Chile.

GREG received eight innovation awards from the International Association for Prevention of Blindness (IAPB)

Patients: in their own words

I received treatment for a second detached retina and was treated at Cheltenham Hospital.

The staff at A & E were extremely helpful and I was soon seen by the triage team, and as a result an member of the Ophthalmology was called out and attended in about 20 minutes. He arranged for treatment the next day.

Again staff were helpful and informative and within one hour of attending I was operated on. Since then I have been told that the operation was successful and I can say my vision is as good as before the detachment a remarkable result and beyond my expectations. This due to the professionalism of Cheltenham Hospital Staff.

The Hospital was clean and help was always on hand. Parking was easy and not too expensive. Follow up visits were quick and efficient and again informative. Thank you Cheltenham.

Deteriorating patient? Call ACRT

When patients are deteriorating or become critically ill anywhere within our hospitals, the Acute Care Response team are on hand to provide support and vital interventions.

Critically ill patients require high levels of nursing and medical care and ACRT provide a service that is holistic, supportive and interventional.

The Acute Care Response Team Service (ACRT) is a Trust Wide, cross-site, nurse-led service covering all adult inpatients 24 hours a day, 7 days a week. Outline spoke to ACR Practitioner Isolde Newberry about the team. She said:

"Our team consists of Band 6, 7 and 8 nurse practitioners and are from a variety of acute nursing backgrounds including critical and highly specialist care areas. The team also includes expert technicians, and is supported by our Clinical Lead Ben King and Dr. Andrew Foo, Anaesthetic and Intensive Care Medicine Consultant."

The ACRT provide a service that is holistic, supportive and interventional

The service has evolved over the years, merging what were the Hospital@Night and Critical Care Outreach teams to provide high quality, individualised medical and nursing management for acutely ill and deteriorating patients throughout both hospitals.

Isolde continues: "We aim to ensure the needs of all patients referred to us are met, irrespective of their location or ceiling of care. Critically ill patients require high levels of nursing and medical care and the ACRT provide a service that is holistic, supportive and interventional."

There is generally only one ACRT Practitioner on duty per site, at any time, so their workload is triaged and prioritised according to need and severity. They can only do this effectively with accurate and current information about the patient being referred to them.

Up to now, the team has operated a clear 'day' and 'night' pattern with set advanced night nurse practitioners on both Cheltenham and Gloucester hospital sites. Since March 2018, the day practitioners have been rotating onto nights to support their progression into a more advanced and interventional role, not only to facilitate the ongoing work of the team as the night practitioners are moving towards retirement but also as the team take on a more involved role out of hours, weekends and nights.

Isolde says: "Our experienced and skilled Technicians within the team work between the hours of 6pm and 2am. They are not in place to provide a routine blood or cannulation service and priority for their workload is given to supporting the practitioners and medical staff with acutely unwell, deteriorating patients, patients with missed treatments and difficult venous access. In the first instance, we recommend that medical and ward

staff always attempt cannulation and venepuncture before seeking assistance from the technician service should they fail."

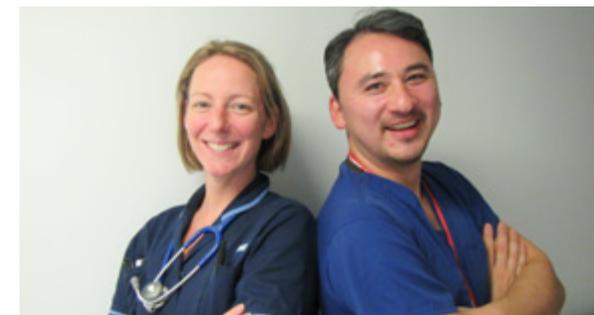
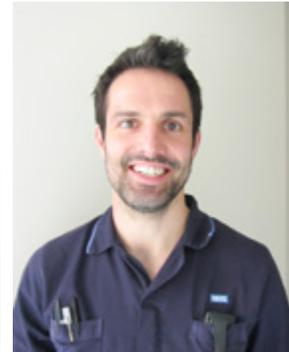
Feedback from a recent survey carried out by the team has demonstrated a trust-wide recognition for their input. Comments included:

- They are critical part of the trust and are very much needed
- Beneficial for the patient and great resource for nurses particularly out of hours
- Excellent response and support, opportunity to learn from experienced colleagues when dealing with a deteriorating patient
- Very helpful, experienced, provide help with practical procedures, offer useful advice, reassuring

I genuinely don't know how either hospital would ever function without you all

The team's input in supporting the junior medical staff is also widely recognised. One junior doctor recently commented,

"I just wanted to say thank you to all the ACRT/ANPs for being the best team of people I have ever worked with. I genuinely don't know how either hospital would ever function without you all, and in all my roles at GHFT, you were my saving grace."



STAFF STORIES: CHIEF NURSE FELLOWS

Chief Nurse fellows: driving excellence

Nur-In Mohammad is one of our three new Chief Nurse Fellows (CNFs). This role is another way for us to develop and engage front-line nurses to drive care excellence and based on a model trialled by Nottingham University Hospitals NHS Trust.

Nur-In is working on a project aimed at reducing the incidence of Surgical Site Infections by preventing Inadvertent Perioperative Hypothermia of patients scheduled for Upper GI and Colorectal surgeries.

I decided to apply because I wanted to try something new and the advert for this seemed really different and interesting

Her focus for her new role is on increasing compliance to our policy and NICE Guidelines through risk assessment, pre-warming of patients, improving patient education and information as well as staff training.

Nur-In is currently working on secondment on Ward 5B, as she explains: "I qualified in 2007 and have been a theatre nurse until I took up this new role. I decided to apply because I wanted to try something new and the advert for this seemed really different and interesting. I found out I was shortlisted

in July and was invited to an interview and to pitch a quality Improvement as part of the interview to a panel of people.

"Working in theatres, I have been really passionate about reducing infection and so I presented an idea on a surgical infection plan. I know that, through working in Theatres, we can make a real difference for our patients by doing the little things to reduce infection and it is a really good place to start.

"We are still at the beginning of this journey and finding our way. We are the first cohort and are taking learning from a trust in Nottingham. We have been on various courses and study days; we have been doing loads!

"Unlike the other two CNFs, I moved from my area of work and in addition to the other learning, I also needed to start my new competencies for the new ward.

"Although the role is aimed at progressing to leadership, I needed to start with the basics and get to know the team and the way they work. I am basically working my way up to a coordination style role.

"One thing that has been interesting is the interaction with patients. In theatres the patients are mostly unconscious in readiness for surgery, but on the ward we are interacting and, it seems like a small thing, but for me it really has given me the bigger picture.

"The role is about developing ourselves to be future leaders; we need to demonstrate

we are using what they are teaching us. It is a journey and the course is helping me to realise that you don't need to have all the expertise in a given area to be a leader, you just need to have the potential.

I would recommend this role to others whether you are looking to develop professionally or personally, go for it!

"I would recommend this role to others whether you are looking to develop professionally or personally, go for it! It is not easy, but is fulfilling and there is so much to learn. I am working as a Band 5 but we train ourselves to be better versions of ourselves; future leaders who are making a difference for patients and the Trust."



Nur-In Mohammad

STAFF STORIES: DIVERSITY NETWORK

Diversity network update

Our staff Diversity Network aims to eliminate discrimination and promote equality and inclusion.

It also provides a signposting and support function where issues can be discussed in a safe and confidential environment. Throughout the year the network celebrates the diversity of our Trust by promoting and participating in local and national events which recognise and champion characteristics which can be more vulnerable to discrimination.

Outline spoke to one of the network's founding members, Dr Alex Dudgeon. He says: "The network aims to improve the experience of everyone who works in our Trust. We are a network for everyone who cares about equality, diversity and inclusion.

"By joining our network you can meet new people, learn something new, socialise with others, make a positive difference and be part of our Trust's inclusivity journey."

We have achieved a lot in this time and look forward to continuing to build upon this to further promote equality and diversity within our Trust

We asked Alex some more questions about how the network is progressing and how he saw it moving forward in the coming year.

One year on, how would you say the network is doing?

After one year we are growing our numbers steadily and expanding the range of events and activities around of the protected characteristics.

We have achieved a lot in this time and look forward to continuing to build upon this to further promote equality and diversity within our Trust.

What have been each of your highlights from the previous year?

Our film nights raising awareness for International Women's Day, Black History month and LGBT History month.

Taking part in the Stonewall Workplace Equality Index to benchmark how we do for LGBTQ+ employees compared with other employers was another important step in promoting and assessing equality. While we didn't do very well, we have set an important baseline which we can only improve on.

What are you particularly proud of?

To have employees say how proud they are of to work somewhere that recognises their protected characteristic

Is your role to support people if they have concerns about equality matters?

Our role is to provide a support network by providing a place to openly discuss issues and help signpost staff. We will be working closely with the Freedom to Speak up

Guardian to help deal with any concerns.

What are the plans for the network in the coming year?

We will be expanding our recognition of awareness days and forming dedicated sub-groups for BAME, disability and LGBTQ+, and their allies.

We already have some exciting ideas from our members on how to improve in other areas such as mental health.

We are seeking to become a Stonewall Diversity Champion which gives us personal help in developing equality and diversity around LGBTQ+, and aim to run a workshop on how best to treat trans patients.

About equality and diversity at our Trust

The principles of equality, diversity and inclusion are fundamental to the successful delivery of patient care and these underpin our vision of Best Care for Everyone. We're committed to designing and delivering our services around the needs of individual patients and their families.

We know that involving our diverse and varied communities when designing our services is essential if we are to ensure the right care and support is available, when and where it is needed. We provide care for all sections of the community, regardless of these characteristics.

Diversity Network

**Eliminating discrimination.
Promoting equality and inclusion.**

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

Join now, or get in touch to find out more:

ghn-tr.diversitynetwork@nhs.net



STAFF STORIES: OUR APPRENTICES

Spotlight on apprentices

We're taking the opportunity to highlight apprenticeship at our hospitals throughout National Apprenticeship Week (4-8 March).

We currently employ over 100 apprentices with more coming on board every week in a variety of different roles and these opportunities will be highlighted at events throughout the week including:

- A celebration event for current and recently completed apprentices within our Trust on Tuesday 5th March from 1pm at Sandford Education Centre at CGH
- On Saturday 9th March there is a Healthcare Apprenticeship Opportunities Fair – Up to 50 tickets available to come and meet and discuss our AHCA opportunities. Staff from Lifelong Learning will be on hand to answer questions with nurses from their speciality areas

The week, which is co-ordinated by the National Apprenticeship Service - and also coincides with National Careers Week - is designed to celebrate apprenticeships and the positive impact they have on individuals, businesses and the economy.

Our Head of Lifelong Learning Lucy Blandford explains: "What better opportunity than Apprenticeship Week to recognise apprentices who are working at our hospitals?"

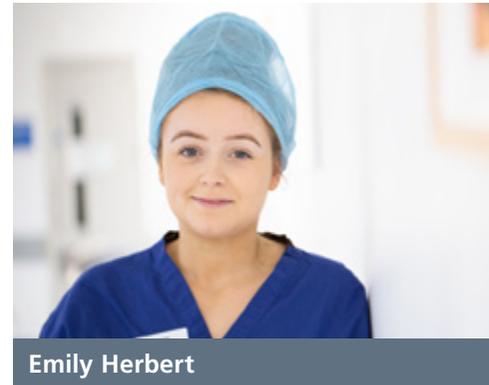
"Good quality education and development

are fundamental to providing our services and in particular, to continually improving the experience of patients. At our hospitals we are committed to providing education, training and development that enable us to deliver safe, dignified and compassionate care.

"Participating in National Apprenticeship week activities enables us to increase awareness and take-up of apprenticeships and traineeships. We pledge to continue to offer further apprenticeship opportunities and will be welcoming apprentice healthcare assistants, apprentices into receptionist and administration and clerical roles over the coming months."

My advice to someone thinking about an apprenticeship would be go for it!

Emily Herbert is a former apprentice who is now part of our Theatre team at GRH after taking the Health Care Support Worker Level 2 Apprenticeship: "I first heard about the apprenticeship on the GOV.UK website which is a really good place to go to find apprenticeships near you. Prior to doing my apprenticeship I had absolutely no idea what I wanted to do in terms of a career. My advice to someone thinking about an apprenticeship would be go for it! Doing the job physically whilst doing the written work alongside it can be challenging sometimes but so worth it, especially if you're a hands-on learner."



Emily Herbert

Abbie Priday is an Apprentice Healthcare Assistant: "I always knew I wanted to work within the healthcare industry after I completed Sixth Form, and this apprenticeship has truly allowed me to confirm this. I am very excited to build my career within the NHS."

Katie Pellatt is an Apprentice Health Care Support Worker at Chedworth and Kemerton Day Surgery Units based in Cheltenham General Hospital. She says: "I chose to complete this apprenticeship in order to have a years' worth of healthcare related training and ensure my decision to become a nurse was exactly what I want to do for the rest of my life. I have been really enjoying it so far and it has made me certain that nursing is the right career for me."

Emily Short is Apprentice Health Care Support Worker in Gallery Ward at GRH: "I decided to do an NHS healthcare assistant apprenticeship to gain experience and a valuable qualification to help me in my aspiration to become a nurse. This



Chevonne Smith

apprenticeship has spurred me on to achieve my goal to be a nurse with the NHS."

Former apprentice Chevonne Smith works at Little Apples Nursery and has completed her Level 2 and Level 3 Apprenticeship with us before getting a permanent job with us: "I wasn't sure exactly what I wanted to do when I first started looking for apprenticeships but I had done my work experience in a nursery and quite enjoyed it. I applied for an apprenticeship within the NHS and I got the job within one of the nurseries. I would 100% recommend an apprenticeship, you get 3 in 1: Money, qualification and experience. I feel like you learn so much more when you have hands on experience and it makes it easier to do your coursework."

Find out more about apprenticeships visit: www.apprenticeships.gov.uk or for information about apprenticeships at our hospitals, email: lisa.ferris@nhs.net

Stroke teams fundraising

Staff on our stroke wards spent much of last year doing some fantastic things to raise funds to support the care of patients on their wards.

To date, the team have raised just over £6,000 through their efforts; this has provided Z-beds for relatives, dementia clocks and chin activated call bells for patients to name just a few.

If that wasn't exhausting enough, they have set off again in 2019 to raise another £5,000 to enable them to buy a motormed, which is a piece of equipment that supports movement to restore strength in the limbs affected by stroke.

It started as a conversation between myself and Sister Sharon Russell about doing some team building between the two stroke wards

Ward Manager Helen Brooke told us: "It was fantastic to see the momentum building over the months. Luckily, we were able to work closely with Jan Thomas in the charity office, who has been brilliant and so supportive.

"It has also been really nice to share with patients and carers on the ward, who have been so supportive. There has definitely been a positive effect on the team as well - lots of us have photos and even

some video footage of our consultant and therapists doing the stair challenge!"

September

Helen says: "We did STEPtember where staff gave up the lifts to the 6th floor for a month and got sponsored. It started as a conversation between myself and Sister Sharon Russell, ward manager on 6a, about doing some team building between the two stroke wards and perhaps some physical activity.

"We then liaised with our physio Stella Honey who suggested giving up the lifts for a week. We thought we could do a month and perhaps get sponsored for it. Stella's husband came up with the name STEPtember and we managed to raise over £1000 doing it."

October

Sharon Russell did the Charity's Walk for Wards event in Cirencester Park and raised £200

November

The team held a cake sale in the Atrium, which again raised £1000

December

A Christmas raffle took place, with some great prizes donated from local companies and staff.

Helen continues: "We sold tickets for the four months beforehand and Steve Hams drew the Raffle just before Christmas.

"We were supposed to have a couple of Gloucester rugby players but they had to leave earlier than expected for a

match, much to the nurses dismay!"

At the time of the raffle, a tea party was held on the wards for patients and their visitors. During the fundraising drive, the team kept people up to date with their achievements on Twitter and got other teams involved too; their enthusiasm was infectious. For example, the Library team sold some cookbooks and printer Colour Connection showed their support too.

Helen concludes: "We haven't finished yet as we are planning an Easter Cake sale and mini raffle... And then we'll be starting all over again in September for STEPtember!"

It really has been a real team effort and has been brilliant for morale and team building

The ward have managed to raise more than £6,000 and have set up a small committee to discuss the equipment that they plan to purchase. It's a brilliant story about staff coming together to deliver those extras that the NHS sometimes just can't afford to provide.

If you would like to get your ward involved in something similar to raise money for your patients, please get in touch with the charity or email: ghn-tr.fundraising@nhs.net



Staff pull out all the stops for CT appeal

Alison Halliday is a Cardiac Chest Pain Specialist Nurse at our Trust, and knows first-hand how the new scanning technology will make an impact for local patients.

Every day Alison works with local people who are experiencing symptoms of heart disease such as chest pain or breathlessness, and is backing the #My100Days challenge as a way in which we can all make a positive change in 2019.

“We all lead such busy lives and sometimes it can be difficult for people to find the time to exercise or prepare the right food, but it’s something we all need to try to do. It makes a huge amount of difference and how we live really does impact directly on the heart.”

“If you are thinking about making some healthy changes to your lifestyle in your New Year’s resolutions, and the great thing about #My100Days is that it’s about making those small changes which can make a big impact.”

People taking part in #My100Days can choose to raise funds for the CT Scanner Appeal through a Just giving page, sponsorship form or by making a donation; and will help to make faster diagnosis and earlier treatment a reality for patients in Gloucestershire. And the £1.2Million appeal will make a direct impact for Alison’s heart patients:

“Sometimes it’s not clear why a patient might be experiencing chest pain or other

symptoms, and taking a detailed image of the heart arteries using the CT Scanners helps us to understand what might be causing the problem. The new technology will give us more detailed images than ever before, which will be a huge help as we work with an increasing number of heart patients in Gloucestershire each year.”

Modern medicine is more dependent than ever on imaging technology and we want to provide the best facilities available for the people of Gloucestershire

Consultant Radiologist Dr Frank Jewell got on his bike to help raise funds for the CT Scanner Appeal.

He and the radiology team who work every day with patients receiving CT Scans at the hospitals know first-hand what an impact the appeal will make.

“Modern medicine is more dependent than ever on imaging technology and we want to provide the best facilities available for the people of Gloucestershire” said Dr Jewell

“As a member of staff in the radiology department I am acutely aware of the demands on our services and the potential benefits the new scanners will bring, so I wanted to do whatever I could to help raise funds for the appeal.”

“The new CT Scanners will help so many local people, for example giving essential

diagnostic information in emergency situations where every second matters, scanning cancer patients at the earliest possible opportunity so that we can begin treatment, or relieving families of the anxiety of waiting for results.”

Dr Jewell raised £1,233 through his challenge, which saw him cycle 112 miles through the Lake District, and is inviting others to join him by raising funds online through the charity’s Justgiving or Virgin Money Giving pages.

“It was a fantastic experience and I was delighted by the way people got behind my challenge. It certainly made all the hours training in my spare time worthwhile!” he said.

“We’d love to see as many people as possible getting behind the appeal and raising funds, whether they are running a half marathon or organising a bake sale every penny will make a difference and will be truly appreciated.”



FOCUS ON OUR GOVERNORS

Talking governors

As a Foundation Trust, our governance structure includes a Council of Governors. Governors are the link between our Members and the Directors who make the decisions about services.

Governors convey information from the Board of Directors to Members about affordability, service plans and health improvement initiatives.

The Council of Governors meets every other month and meetings are open to public, so everyone is welcome

There are three types of governors: public, staff and appointed. Public and staff governors represent the views of their constituency and appointed governors represent the views of their appointed organisation. Our Trust has 22 governors: 13 public governors, five staff governors and four appointed governors.

The Council of Governors meets every other month and meetings are open to public. They rotate between Redwood Education Centre at Gloucestershire Royal Hospital and Sandford Education Centre at Cheltenham General Hospital.

We'll be running a series of articles about our Governors in the coming months.



Alan Thomas

We spoke to lead governor Alan Thomas about his motivations for being a governor.

I have been a public governor for Cheltenham since August 2013, so am in the last year of my second three-year term. Governors are allowed to serve for three terms of three years – provided they get re-elected, of course! Initially, I put myself up for election because I felt I could offer a perspective which came from a non-NHS background (my working career was as a teacher and then as a member of the Royal Air Force), and I believe there to be value in at least some governors coming from a background that is not NHS specific. Several members of my family, however, including myself, have been heavy users of NHS services, and that perspective is also important.

If I have one major area of interest, it is in mental health, and the way services in this sphere need to be more integrated in the Gloucestershire system. I have a

son who has suffered from mental health issues for 20 years, though he does not live in this area. I also try and push the point of view of the 'whole patient story', as so many of us find ourselves dealing with the NHS in many different ways, and with many different agencies.

I try and lead my colleagues through a maze of Trust issues, in order to help us concentrate on those of most importance to patients

I have been Lead Governor of the Trust for the past four years. This has meant getting involved in many committees and meetings, and I am fortunate to also have regular meetings with both the Chair and the Chief Executive, where I can put the views of my colleagues forward. I also observe the Trust's Finance Committee, which has proved especially interesting given the Trust's financial circumstances over the past few years.

I try and lead my colleagues through a maze of Trust issues, in order to help us concentrate on those of most importance to patients. It is a rewarding experience to be involved in this way, and the Trust is fortunate to currently have a committed body of governors who are making a real difference.

If there is one thing that needs to be improved, it is the way in which

we communicate with the Trust membership. We have tried many different ways of doing this but haven't yet proved particularly successful – we are determined to do so in 2019.

Please take every opportunity you can to communicate with us. The [Contact a Governor](#) facility is now working quite well (via the [Trust website](#)), and don't forget that Board Meetings and Council of Governor Meetings are predominantly public meetings, open to all.

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**

NIGEL JOHNSON: NON-CLINICAL STAFF GOVERNOR

Talking governors

I became a Staff Governor in May 2017. I became a Governor because I felt I could cast an independent eye over the workings of the Trust and bring a fresh perspective to the work of the existing governors.

I want the very best for this Trust. In order to support the Trust I feel we should not be afraid to ask awkward questions and I am happy to speak out for what is important.



Nigel Johnson

The role of staff governor is one of great responsibility and I wanted to look at how things work and a chance also to make a difference.

I wanted to look at how things work and

I wanted to look at how things work and a chance also to make a difference

a chance also to make a difference

I have very much enjoyed my experience of being a Governor. I have become involved in a number of committees and working groups including GMS (Gloucestershire Managed Services). I am also an elected member of the Governance and Nominations committee.

The Governance and Nominations Committee meets four times a year on a tri-monthly basis. The G&N Committee are responsible to the Council of Governors for a number of functions for example matters of governance and appointment of the chair and non-executive directors. Examples of business addressed include revisions to the Constitution, nonexecutive director recruitment and code of conduct issues. This has all provided me with a useful learning experience.

I attend the GMS committee meetings as a Governor observer and I have the opportunity to ask questions at the end of the meeting. I have been able to witness the transition from Estates and Faculties to GMS.

The interests that I am most passionate about as a Governor are Staff Development and Retention and Equality and Diversity.

At the moment I am actively trying to engage with the Staff in my constituency by involving myself in the Diversity Network and the Freedom to Speak up Guardians.

Our Governors

Gloucestershire Hospitals NHS Foundation Trust Governors

Staff Governors

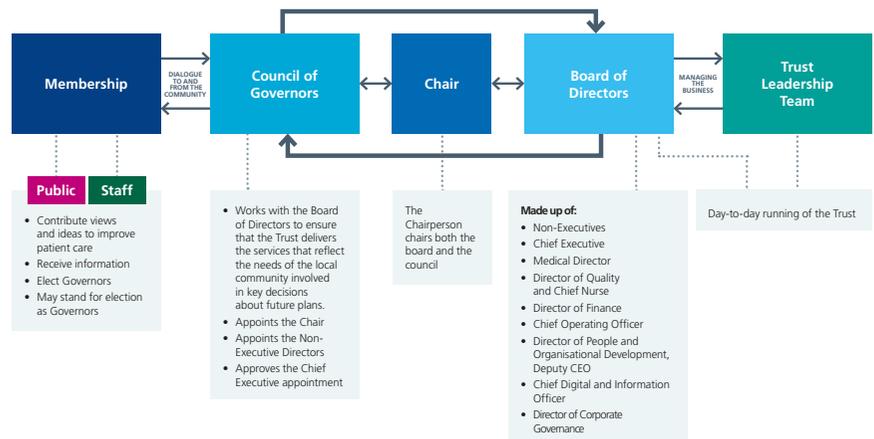
- Charlotte Glaspool
- Dr Tom Llewellyn
- Sarah Mathur
- Sandra Atwood
- Nigel Johnson

Stakeholder Governors

- Andrew Granville
- Colin Graves
- Maggie Powell
- Jacky Mansel

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Foundation Trust governance arrangements





The big picture

The radiotherapy physics team in sunnier times

It's scary having a family member in hospital but it makes such a difference when they are being so well cared for... Thank you so much to the wonderful staff on 6B @gloshospitals for your kindness

Paige, Twitter, 7 February 2019