

Involve

JULY-AUGUST 2017

Good times

Staff across the trust recognised
for delivering great care

MORE DETAILS ON **P10** ➔

**BUMPER
SUMMER
ISSUE**

- > Financial governance review
- > CQC Report
- > End of life charter
- > Living with & beyond cancer
- > Stillbirth campaign
- > New 99 Bus route

Message from Deborah Lee

Although we're currently enjoying the height of summer, the workload shows no sign of slowing down, a picture that is matched by the activity levels in our hospitals.

Activity in the last few weeks has been exceptionally high with hundreds of additional attendances at our A&E services; both walk-in patients and ambulance arrivals. With numbers of patients in the ED at GRH rarely dipping below 70 patients in the department at any one time, managing our hospitals on days like this requires an amazing team effort.

"Despite these pressures, staff have risen to the challenge"

Despite these pressures, services and staff have risen to the challenge, albeit frequently at the cost of our performance against the four hour A&E standard. Improving waiting time performance in our A&E remains a key priority for the Board.

July marked a milestone in the Trust's recent history when we published the report into the findings and recommendations arising from the independent review of governance at the Trust, following the unexpected deterioration of our financial position last year.

A large number of staff turned out to hear Peter Lachecki speak on this important issue, reflecting the high level of interest. A number of staff asked questions of Peter



and I which we answered to the best of our ability and these are in the process of being written up and made available to staff. For me the overriding insight that comes from the report is that of the importance of culture – both inside and outside of the Board room. Peter spent a lot of time describing the differences he is striving to bring about in the Trust's culture which inevitably is set to a large extent by the behaviours and the conduct of the Board. It is absolutely imperative that the Board learns from this review so that we can never find ourselves in this place again and Peter gave his personal assurances in this regard. The Board is truly committed to working with you to develop a culture that is conducive to delivering Best care for Everyone and making Gloucestershire Hospitals an employer of choice for those wanting to work in our local NHS.

Since my last message, we have also seen the publication of our latest CQC Inspection which whilst it delivered an overall rating of Requires Improvement, it describes a very positive picture of quality improvement. To be inspected at the height of winter and have 73% of our services rated good or outstanding is a fantastic result. With



nine areas having gone from requires improvement to good (albeit with three going backwards) I think this very clearly demonstrates that we are on a positive journey and well placed to achieve our goal of being at least good when we are next inspected. The report notes numerous examples of outstanding practice and comments positively on the changing culture they sensed when speaking to many of you.

When times are as financially challenging as they are across the NHS and particularly so in our Trust, the role of our charitable partners is crucial in supporting funding for equipment and services that we wouldn't otherwise be able to provide. One of the really heartening things about our Trust is how many staff raise money for our own hospitals' charity and one such person is Carolyn Cummings, a Colorectal Nurse

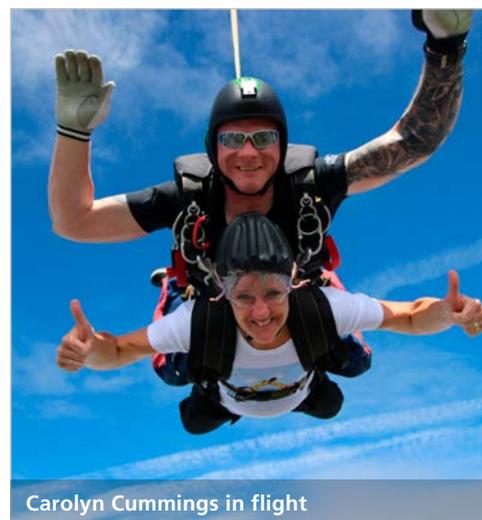
Specialist who (despite a fear of flying) did a skydive last weekend to raise funds for Prescott Ward and Maggie's Cancer Centre, raising nearly £1000. Carolyn said that despite her fear, she found herself laughing out loud as she was free falling and highly recommends it, so should any of you like further details of how to skydive for your ward or area, please contact the charity team: fundraising@glos.nhs.uk

"We gave out awards to our amazing army of volunteers"

During July, our charity were doing a sterling job of raising funds via the Cheltenham Cricket Festival for the second year running, with the theme of 'hitting cancer for six'. As part of this, we gave out awards to our amazing army of red shirt volunteers and I got to spend time with them in a 'spare' marquee. I dropped in on volunteers and staff enjoying afternoon tea together whilst awards were presented to those serving anything from 5 to 25 years as a volunteer. I took the chance to remind them that volunteering has proven health benefits too; one piece of research suggest you are even likely to live longer, as well as being happier and more fulfilled if you regularly volunteer!

I'd like to take this opportunity to

Continued on next page



Carolyn Cummings in flight

Message from Deborah Lee



At the volunteers' event with Richard Graham MP.

congratulate Dr Pippa Medcalf who has been re-elected to the Council of the Royal College of Physicians – Pippa's work with the homeless is renowned throughout the Trust and a truly great example of outstanding care. Please don't forget that if you have any good quality clothing and/or footwear going spare, Pippa and her team are always grateful for donations.

I was pleased to be a part of the panel for the staff awards and Patient's Choice awards for the first time this year. I am delighted with the outcome, not least as a number of the staff shortlisted are those that have stood out to me this year for a variety of (good) reasons. Shortlisted staff have been notified, but I would like to take this opportunity to thank everyone who nominated someone and to congratulate everyone who was nominated.

A major champion of our staff awards has been our Director of Nursing, Maggie Arnold. Maggie will be retiring later this

year and I will be very sad to see her go, as I know will many of you. Maggie has contributed so much to the trust and has always had patients absolutely at the centre of everything she does. We will be acknowledging her contribution as she receives the Lifetime Achievement award at our staff awards this autumn.

We have now recruited Maggie's successor for Director of Quality & Chief Nurse and I am delighted to announce the appointment of Steve Hams into this important role. Steve is Gloucestershire-based, although he hasn't worked in the county for over a decade, having held several Director of Nursing posts at Addenbrooke's, Medway in Kent and Guernsey. Steve will join us in mid-September, allowing for a period of handover from Maggie before her retirement, but is likely to become a regular visitor over the next few months as he commences his 'immersion' in all things GHNHSFT.

Moving on to the broader NHS, a recent report by the influential **Commonwealth Fund** has found the UK to have the highest-rated health system for the second time in a row. Remarkably, our NHS has held on to the top spot despite the longest budget squeeze in its 69-year history. This ranking is even more notable because the Fund notes that the UK put the fourth smallest amount of GDP into healthcare among the 11 countries. While the US spends 16.6% of its national income on health, the UK comes near the bottom, investing just 9.9%. The UK emerged with the best healthcare system



Maggie Arnold

overall, just ahead of Australia; a group of experts assessed the systems against 11 criteria designed to measure effectiveness.

Health Secretary Jeremy Hunt celebrated the NHS's top ranking, saying, "These outstanding results are a testament to the dedication of NHS staff who, despite pressure on the frontline are delivering safer, more compassionate care than ever. Ranked the best healthcare system of 11 wealthy countries, the NHS has again showed why it is the single thing that makes us most proud to be British."

Despite this fantastic news, the cautionary note was that the NHS came 10th on healthcare outcomes, a category that measures how successful treatment has been. The experts concluded that the UK does poorly in relative terms on five-year survival rates for breast and bowel cancer, and deaths among people admitted to hospital after a stroke. In addition, cases of dementia and Alzheimer's have been rising so rapidly that they are now the leading

cause of death for both sexes among men and women over eighty. The increase in dementia and needs of the ageing population will continue to place the NHS and social care services under considerable strain. This has the potential to impact on so many people within the NHS but also in our wider society.

If you like facts and figures then according to **The Guardian**, the NHS employs one in 20 British workers, costs £260,000 a minute to run and deals with almost 5 million patients a week (that's 1m cases every 36 hours). Regular readers and those who attend my monthly briefings will know that I feel extremely proud to work for the NHS

"This has the potential to impact on so many people"

and I believe that everyone in it goes the extra mile for patients. The commitment and dedication shown every day is extraordinary and I can't really imagine my life without it.

Financial governance review

An independent review into financial governance arrangements at our hospitals has been published.

The report was commissioned by the Trust Board following the unexpected deterioration in our financial position last year.

The report shows that what happened was:

- The Board at the time did not have the right reporting in place to ensure full sight of the organisation's finances
- There was a failure to keep the Board fully informed of the full financial picture
- There was a lack of challenge within the senior team which meant that the right questions were not being asked

The report is now available on our website. A series of questions and answers generated from our staff briefings will be made available shortly.

Peter Lachecki, Trust Chair, said: "While the Board deeply regrets the previous failings in governance, I am pleased that we are publishing this independent report today because it is an important step in ensuring that something like this can never happen again.

"The report describes very openly and honestly how we found ourselves in the position that we did but more importantly it sets out what we are doing going forward to recover the position and acknowledges

the good progress achieved to date."

The Trust ended the last financial year (2016/17) with an £18m operational deficit which compared favourably to the £27m deficit forecast last autumn.

"We've been able to do this because of sound planning and the engagement of our staff in addressing our overspending," added Mr Lachecki.

"Our staff have been engaged with this"

"I firmly believe that excellent quality of care and good financial management go hand in hand. We are determined to return this organisation back into a breakeven position in two years."

Of the 19 recommendations made in the report, 95% have been actioned and a plan is in place to ensure the remaining actions are fully implemented.

Deborah Lee, Chief Executive added: "We are a very different organisation today compared to a year ago, not only in terms of culture and leadership but also in respect of our governance systems and processes and how we report financial information to the Board and its committees. I believe that we have created a solid platform on which to build our future success."

CQC report published

The Care Quality Commission's (CQC) report has praised staff for their compassion, kindness and overriding commitment to patient care.

The overall rating for the Trust remains 'Requires Improvement' but improvements made since its last inspection means that 73% of ratings are now either 'good' or 'outstanding'. No service or domain was rated by the CQC as 'inadequate'.

The CQC inspected Gloucestershire Royal and Cheltenham General Hospitals (GRH & CGH) in January 2017 and again in February (unannounced inspection). Of the areas assessed, nine have improved, all from 'Requires Improvement' to 'Good' (5 at GRH and 4 at CGH).

End of Life Care provided to patients at both Gloucestershire and Cheltenham General Hospitals was safe, effective, caring, responsive and well-led. Inspectors upgraded the service overall from 'requires improvement' to 'good'. Meanwhile the outpatients and diagnostics department at Cheltenham General also went from 'requires improvement' to 'good'.

"73% of ratings are now either good or outstanding"

Deborah Lee, Chief Executive, said: "I am delighted that the CQC's latest inspection reflects the continuous focus of our staff to deliver increasingly high quality care to all of our patients.

"Importantly this independent review of our services also provides invaluable insights into where we can further improve our services.

"The most pleasing aspect of the inspection



report is the consistent references to staff who the inspectors described as committed, caring and compassionate. This is something that I recognise and see every day in my work here. It's gratifying to me to see this reflected not only by the inspectors but more importantly by our patients.

"The report also highlighted a number of areas for improvement, which we are working hard to address, and we know that we can always learn and improve our services further.

"We have been on a journey over the last 12 months since I took up post. Clearly the winter was a very challenging period for us and this has had an impact on our performance.

"In relation to the four-hour waiting standard at A&E, while this is a wider issue than just our hospitals, we are determined to make this better for patients and we are working closely with our health and care partners to do this."

Read the report on [our website](#).

New Route 99 bus service

Our new Pulham's Coaches Route 99 bus service starts on Monday 14 August 2017.

The revised service will feature additional bus stops (from four to eight) as well as larger buses with free WiFi.

Additional bus stops have been added to the new route following staff feedback provided by the online survey as well as staff drop in sessions and staff engagement sessions; feedback from our staff has shaped the new service.

"The new service will start on 14th August"

Free travel for staff

Staff can benefit from free travel to and from work if using the following additional stops: Gloucester Bus Station, St James Street, Clarence Parade, North Street and Albion Street.

£1 Park and Ride for staff

Our staff can park at the Arle Court Park and Ride and get on the 99 for £1 for a return journey.

The current 99 shuttlebus operated by Stagecoach will stop on Friday 11th August 2017, but the usual Stagecoach service programme will be provided up to and including Friday 11 August. The new service, provided by Pulham's Coaches will start on Monday 14 August 2017.

As part of the revised service, the bus stop opposite the Pathology Department at GRH will no longer operate and a new bus stop, opposite the main entrance of the Tower Block at GRH will be created.

The bus stop outside the Pathology Department at CGH will also move to the main bus stop nearby on College Road.

The timetable is broadly similar to before, however the route has been adjusted from the original planned route following concerns raised about the potential competition with established providers. Therefore our original plan to stop at Longlevens and two stops along the Gloucester Road has had to be revised.

Cheltenham Racecourse

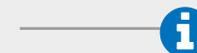
We acknowledge that, as part of the new arrangements, the 99 shuttlebus will no longer access Cheltenham Racecourse. This is because this location was developed and funded with the help of Stagecoach who have exclusivity rights over the stop.

However, a number of alternative arrangements are in place to mitigate any potential impact. Stagecoach will continue to operate the service 'D' from Cheltenham Racecourse into Cheltenham and car parking is also available from the Racecourse.

We have carefully integrated the timetable of the new 99 service so that staff and patients travelling from the Racecourse can connect to the 99 service in Pittville Street or Albion Street, Cheltenham.

In addition we are also actively exploring other park and ride options as well as alternative bus routes with other providers that would further enhance travel arrangements for people travelling into our hospitals from the north of Cheltenham and beyond. We will publicly announce these details as soon as this is confirmed.

Route 99 Bus 2017

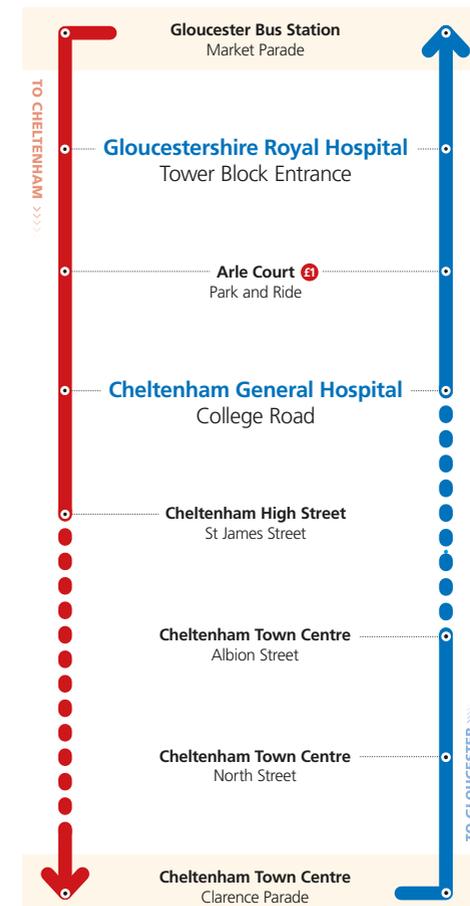


Important information

The stop marked with £1 is subject to a subsidised fee of £1 for a return journey for NHS staff upon presentation of staff ID badge.

All other stops on this route are free to NHS staff travelling to and from our hospitals.

If you are travelling from Cheltenham Town Centre toward Gloucester, please note that the next stop after Albion Street is College Road, by Cheltenham General Hospital.



Service details

- ✓ From five bus stops to eight
- ✓ Extended service (6.35am – 7.50pm)
- ✓ Larger buses (more passengers)
- ✓ Low emission (EURO 6)
- ✓ WiFi enabled, USB + Socket charging for devices
- ✓ Runs five days a week (Mon–Fri, excluding Bank Holidays)

STAFF AWARDS 2017



The long and the short of it

Following a record haul of nominations, a panel consisting of some of our directors together with patient experience, staffside and governor representation convened to undertake the mammoth task of shortlisting for each award.

Congratulations to everyone who received a nomination, competition was very fierce. All this year's shortlisted candidates are detailed below.

The Innovation & service improvement award

- › Julian Phelps
- › PDU/ Neonatal outreach
- › Lorraine Cruz-Mendoza

Healthcare Scientist of the year

- › Haematology department
- › Medical Photography
- › Julia Warne

Unsung Hero

- › Chris Finch
- › Sarah Lane
- › Katie Jones (Theatre domestic)

Volunteer of the year

- › Barry Lefeuvre
- › David and Do Rolley
- › Paul Hochkins

Apprentice of the year

- › Georgia Hale and Edie Stone
- › Jose Luis Guerra Campo
- › Tesni Parry

Healthcare Professional of the year

- › Tildy Gwilliam
- › Dr Audrey Cook
- › Karen Easton

Learner of the year

- › Andrew Higley
- › Lara Nelson
- › Lorraine Bailey

The Learning & Development award

- › Kayzia Bertman
- › Gemma Holford
- › Alison Jones

Non Clinical Leader of the year

- › Sam Taylor
- › Hayley Harper-Smith
- › Jean Tucker

Outstanding Clinical Leader

- › Dr Ewoud Vorstman
- › Andrea James
- › David Taylor

Exceptional contribution to Research

- › Kate Claxton
- › Haematology research team
- › Dr David Farrugia

The Nursing Development Award

- › Gallery Ward team
- › Julie Bruce-Watt
- › Catherine Carmichael & team

Support Services Ambassador

- › Abi-Marie Mulhern
- › Fiona Warwick
- › CSSD team
- › Creditor Payments team

Exceptional contribution to Patient Experience

- › Jean Tucker and ward 7A
- › Tracey Cullerne
- › Glos Midwifery Partnership team

Exceptional Contribution to Safety & Improvement

- › Lisa Prior-Cox
- › Jaimie Kilvington
- › Isabelle Hancock

Healthcare Team of the year

- › Day Surgery Unit
- › Fertility Unit
- › Mortuary team

Lifetime Achievement award

- › Maggie Arnold

Patients make their choice

A different panel met to consider the unprecedented number of nominations for the Patient's Choice Award.

Every nomination makes emotional reading! The shortlist is:

- Sylvia Morris
- Neonatal Team
- Dr Emma Husbands
- Miss Sarah Vestey and the Breast Care team
- Dr Noor Din

Staff stories: Healthcare Science series

Focus on Cytology

The Healthcare Science profession comprises a workforce of approximately 50,000 staff across the NHS and public health services, working across four divisions of laboratory (pathology) life sciences, physiological sciences, physical sciences and engineering and bioinformatics.

The work of Healthcare Scientists underpins 80% of all diagnoses made within the NHS and Healthcare Scientists make a direct contribution to diagnostic and treatment pathways, particularly in specialist services such as cardiovascular disease and cancer.

"Cytology is the study of cells and deals with making diagnoses"

Our Cytology Department is supported by a dedicated and enthusiastic team of healthcare and biomedical scientists, cytoscreeners, health care scientific support workers (HSSWs), apprentices and administrative and clerical staff.

Cytology is the 'study of cells' and refers to the pathology discipline which deals with making diagnoses of diseases and conditions, through the microscopic examination of cells sampled from the human body.

Consultant Healthcare Scientist and Laboratory Manager within Pathology at CGH Nichole Villeneuve: "Our team receive



The Cytology team

hundreds of liquid cellular samples each day in the department and these samples are processed by our HSSWs so that a thin layer of cells on glass slides are prepared. The glass slides are then assessed and interpreted under a light microscope by suitably trained and qualified scientific staff, who work across bands 4 to 8, alongside our consultant pathologists.

"Our department encourages staff training and development and good career pathways exist, including consultant-equivalent roles.

"Our service is heavily dependent upon people skills. While we do use modern technology and equipment for sample preparation, the interpretation and diagnoses of samples are made by people, rather than analysers. Our service provides both screening and diagnostic testing."

The department undertakes the cytology and molecular testing components of the NHS Cervical Screening

Programme for Gloucestershire, Worcestershire and Herefordshire.

Our cytology team works closely with our colposcopy team, our gynaecological oncologists and the histopathology staff, who also deliver services for the NHS Cervical Screening Programme which aims to reduce mortality and morbidity from cervical cancer.

Diagnostic (non-gynaecological) cytology services cover all other liquid-based anatomical samples such as cerebrospinal fluid, respiratory, urinary and gastrointestinal tract samples and fine needle aspiration biopsies from superficial or deep-seated lesions.

"Rapid diagnosis can improve turnaround times"

The department provides diagnostic services for our hospitals, local GPs and private providers. They also support the ENT service at CGH by providing rapid onsite evaluation (ROSE) of head and neck lesions; enabling a rapid assessment of sample adequacy and often a rapid diagnosis, which improves cancer turnaround times which is a huge benefit for our patients. Senior healthcare scientists attend the weekly clinics on Friday mornings and work together with the radiology team who perform ultrasound scans during the fine needle aspiration procedures.

Nichole adds: "With appropriate planning and funding, these services could be extended to support other medical and surgical departments within the Trust.

"Cytology is a specialism within Life Sciences and the main focus of our work relates to cancer pathways. Involving Healthcare Scientists in the development



and planning of patient pathways could lead to further service improvements which contribute to better patient care."

Staff stories: v Science series

Focus on medical photography

Our Medical Photography service operates on both our sites, providing and managing clinical recordings for health records, teaching and publication.

The Medical Photography team consists of four qualified Clinical Photographers, an administrator/co-ordinator and Clinical Manager. The team works hard to assist clinicians with accurate objective clinical recordings (photographs and video) of patients for multiple specialties across our hospitals.

"The team works hard to assist clinicians with objective clinical recordings"

The team also provides support for services such as clinical trials, clinical and non-clinical printing services, patient submissions, neonatal bereavement photography as well as private patient photography and non-medical photography for teams such as communications offering staff and team portraits and documenting the celebration of staff achievements. They also work closely with solicitors to provide images for medico-legal cases.

Medical Photographer Emily Arthur says:

"Medical photography is a fascinating and ever-changing field. Our team have not only obtained Degrees in Photography but also a Post Graduate Certificate



The medical photography team

in Clinical Photography; it takes a minimum of 5 years of study to become a qualified Clinical Photographer.

"Throughout our qualifications we are taught important skills such as using lighting and techniques to best demonstrate a condition, infection control, data protection and patient care and consent as well as how to ensure photographs produced could be used as evidence in a court of law.

"No two days are the same as a clinical photographer. Clinical Photographers are responsible for covering outpatient services in the studios and on location. Some days we can be office based, developing projects and processing photographs and other days we can be involved in an all-day theatre cases, safeguarding calls and urgent image referrals to other trusts.

"We have photographers available on emergency response on both sites for departments such as the emergency

department, safeguarding and theatre services. This is to ensure photographers can be available on short notice for urgent cases.

"Over the past few years we have been working on some exciting projects. We have been working closely with Legal Services and Health Records to provide a secure out-of-hours imaging alternative for clinicians who wish to use a mobile phone device for clinical image capture.

We currently have a system in place that can be used with push & point cameras and are working on a pilot involving a secure image capture mobile application that will be used on Trust devices and will link with our secure image database – ensuring that all images obtained of patients form as part of their integral medical record.

"All images of patients form part of their medical record"

Emily concludes: "We have also established a patient submission service for services such as Paediatric epilepsy and Neurology. Often patients display symptoms of their condition away from Trust property and obtain their own recordings at home.

"We have set up a system to allow patients to transfer recordings to us either via e-mail or USB or CD submission. This way the recordings can be shared and viewed securely and importantly we can retain a copy of recordings that has aided in clinical decision making."

Medical Photography has moved away from paper requests ready to fall in line with Trakcare. Requests are submitted online using MJM (Media Job Manager). MJM request forms ask for patient demographics and a few extra key questions which aid our team in processing your



booking. Links to this system can be found on the team's intranet pages.

Clinical recordings are obtained by following strict protocols in a standardised format so that photographs can be replicated during a period of treatment. These images are then made available to each clinical team through our secure image database FotoWeb which is available through the intranet. Clinicians are able to log on to any Trust PC and review high quality clinical images during a course of treatment. FotoWeb is in the pipeline to be integrating with Trakcare to soon provide a seamless Clinical Photography review system.

If you have any questions regarding the service e-mail: Emily.arthur1@nhs.net.

End of life care

End of life care is everyone's business

At our hospitals, our vision is to embed pride in end of life care delivery across our organisation to ensure that we can make end of life care as good as it can be for every individual, and those important to them, every time.

End of life care is truly everybody's business. Death and dying is a part of life and caring for a person and their families at this time is one of the most important aspects of any healthcare professional's role.

Recognising when someone may be approaching the final months, weeks and days of life can enable discussions around priorities of care.

"End of life care is truly everyone's business"

It is only by starting the conversation and being more willing to do that as a society, that we will see real improvement. This is important for unexpected events as well as illnesses which we recognize as life-limiting.

Our End of Life Care Strategy has been developed in line with the Gloucestershire-wide partnership approach and, as a part of this work three 'End of Life Patient Charters' were developed for our Trust Board, Clinical Teams and our Support Services Teams. These can all be accessed



Jon Burford and Emma Husbands with Deborah Lee



Exec team sign up to charter

on the A-Z on our staff intranet.

Our Palliative Medicine Consultant Dr Emma Husbands and Divisional Nursing Director (Diagnostics & Specialties) Jon Burford have been raising awareness with teams across our hospitals.

Dr Emma Husbands says: "We want to offer people who are approaching the end of their lives with the highest quality care and support. Our aim is to help our

patients to live as well as they can, for as long as they can; affirming life, whilst accepting that dying is a natural process.

"Our aim is for patients to live as well as they can for as long as they can"

"We know that changing cultures will not happen overnight, but by working

together, we can welcome end of life care for us all. We value your feedback and insights, good or bad to enable improvement and learning."

If you would like to share any thoughts or comments, share it directly with your ward or department or email the Trust Quality Group directly: endlifecare@glos.nhs.uk



Lung function team signed up to the charter



Jon and Emma with End of Life champions

Positively speaking



Positive patients

We get reviews every week on both hospital's pages on facebook. Patients are able to rate our services with stars and also add comments. This is just a selection of those received in July. If you recognise a team or colleague who's included, please pass these wonderful comments on to them.

Facebook:

Courtney:

A week ago today after heading back from a wonderful first family holiday my sister in law found me collapsed at home, I was brought straight to GRH and with in hours it became clear I was very ill.

"I had sepsis in both my pelvis and my chest; it's been a scary week"

I had sepsis in both my pelvis and my chest – I was diagnosed with pneumonia and a nasty pelvic infection and was struggling to recover as they would have expected. It's been a very scary week and I have to thank so many people for keeping me here – but mainly I want to say thank you to the NHS!!

Everyone on ward 9A and the respiratory team have been more than extraordinary with my care and they even got me home in time to see my son on his very 1st Birthday!!! Thank you thank you thank you x

Bella:

I got out of hospital yesterday after having an operation for endometriosis and my appendix out. I went in on the Friday into A and E not knowing what was going on and had the operation on the Saturday. How quickly they did it all was amazing.

The nurses and HCA's were amazing and my team of surgeons kept me at ease the whole time. How anyone can slam the NHS I'll never know. If it wasn't for them acting so quickly things could have been a lot worse. So thank you. Thank you so much.

Danny:

Just got home from a 5 night stay on Bibury ward. Absolutely wonderful staff. Thank you very much.

Sylvia:

Thank you for saving my life. The care was exemplary. I cannot praise this hospital and staff enough. Special thank you to Mrs Al-Allak and her breast care team and Snowhill ward for their skill and care.

Hristina:

I would like to say a big thank you to Nancy – who looked after mum today in Chedworth suite day unit for her to have transoesophageal echocardiography. Nancy you are an amazing person. Thank you.

Chris:

My second time in A&E in 2 months with heart problems. Nothing but praise for the wonderful staff who looked after me so well. Hard working, cheerful, and treated me like a person not a problem.

"Hard working and treated me like a person, not a problem"

Jo:

Have been in A&E twice in a week. The care is exemplary, can not fault the staff or system. The kindness and compassion is heartwarming. The pressure the staff are under is immense but they carry out their job with calmness and always professional. Amanda, the Stroke Nurse Specialist was totally awesome, thank you.

Jenna:

From every encounter with Gloucester Royal, from Rheumatology to Maternity, children's ward with my son to EPA and Ward 9A all the staff are wonderful and so genuinely caring. Thank you for all you do x

Annette:

I have had nothing but excellent care from the hospital...The staff are wonderful, they manage, like most hospitals, to provide for your every need whilst having to cope with under-funding and staff shortages.

Anyone who doesn't appreciate the care there, doesn't realise how lucky they are... We have the best and free medical service in the world!

Tina:

I had biopsies taken in the endoscopy unit ...lovely staff from the receptionist to the nurses... Couldn't fault my treatment, each person I saw listened to any queries I had and treated me with respect and care. A wonderful credit to the hospital and NHS.

Join our [Facebook group](#)

Follow us on twitter [@gloshospitals](#)

OUR PATIENTS: *in their own words*

I would like to thank the nurses and staff and Mr Clint and his operating team for the excellent service after an operation I had.

Putting all my weight on my foot had led to over a year of severe pain and discomfort but now, thanks to the team, I should be able to get around better. After some resting and not putting weight on it (and not trusting the Zimmer frame and using crutches instead!), they have put me back on the road to recovery, thanks.

Something to be proud of

Improving patient experience on Ward 7A

Ward 7A was selected to take part in a year-long study by Oxford University looking at how they could best use patient experience data to improve the patient experience on the ward.

The team was made up of three ward members and a member of the patient experience improvement team and we were one of six trusts throughout the country taking part in this study.

The project opened with a two day residential course in Oxford looking at various improvements that different trusts had made and recommendations on how best to look at the data. A base line survey of patients who had been on the ward for the preceding three months was undertaken so that the team could measure improvements made following the study.



Some of the team from Ward 7A

the patient experiences. The ward sister invited the staff to tell her, using post-it notes on a board in the staff room, what we could do to improve things for them.

"In many cases, the ward sister was able to quickly put in place the suggestions made. For example, a request for more band 6 support in the evening was enabled by adjusting the rotas; team meetings for the HCAs were started following a request and the staff room was given some TLC.

"We also asked the staff for ideas on how to improve the experience of the patients and they came up with several ideas based on their own observations or what the patients had told them.

"The next stage was to collate the feedback from the Friends and Family Test (FFT), National Survey and the Base line survey which highlighted broad areas that we needed to look at. We then invited some of the patients who had been on the ward for the period just before the project to

come in and talk to us about the areas identified in more detail. This gave us such rich data and from this we started to look at initiatives to try on the ward."

Interventions included the introduction of a hearing aid box to minimise the likelihood of hearing aids being lost on the ward. The aim was to improve communication with patients on the ward and to reduce the costs associated with replacing hearing aids when lost.

Meanwhile, a ward survey and some FFT comments identified communication problems between patients and staff. Patients reflected that they were not able to find a staff member to talk with about their worried and fears. A focus group was set up to explore these issues in more detail. Patients in the groups said they felt that patients' preferences and priorities varied widely.

"A focus group was set up to explore these issues in detail"

In response to this, a 'what matters to me' tree image was installed on the ward inviting patients, carers and staff to write what matters to them on laminated 'leaves' that they stick to the tree. Jean adds: "It was put in place to capture the range of things that are important to patients, carers and staff as well as to demonstrate that the ward culture is one that is open to hearing about patients' wishes and needs."

The ward survey highlighted that patients weren't always given enough information about their condition or treatment, so information boards were created for three



Jean Tucker

key conditions that are common on the ward, with racks beside them to hold information leaflets for patients and carers to take.

Posters have been put up around the ward and staff have been given badges saying 'It's OK to ask' about their care. This was aimed at addressing concerns described above about communication and finding someone to talk to about worries and fears, as well as the need for more information about their condition and treatment.

Additionally, the team have introduced white boards with magnets on the reverse to put on bedside cabinets for patients. The idea came from staff and they were originally intended to capture what matters to patients, such as watching Coronation Street or hearing the football results, so they could be treated more holistically and seen as a person rather than a patient.

Continued on next page

Something to be proud of

Ward 7A (cont'd)

They have been used as a memo pad, for patients or their family members who jot notes on to remind themselves of things that they want to ask or tell the doctor. Jean adds: "They are especially helpful if the patient is asleep or unable to communicate. They have been very successful and doctors are now looking for information from these boards during their rounds.

"They are especially helpful if the patient is asleep or unable to communicate"

"When we look back at the ideas that the staff initially had, the data very much supported their observations and so we encouraged the staff to just go with their ideas and we would support them.

"Some of the interventions worked better than others but even those that did not work very well on this ward may well work on another ward. We were also very keen to support those ideas from the staff that perhaps only benefited a few patients at the time, but they

could be implemented immediately.

"The patients felt that we were listening and acting on what they were telling us and this also helped embed a culture of improvements.

"We hope that the results from the end of project survey of patients will show that we have made lasting improvements but the success story for us has been the benefits to the staff who now feel able to influence care and can make small steps of change. They enjoy their work and socialise as a team and as a result the ward culture has changed to a more open one, inviting suggestions for change.

"From the six trusts that took part, the successful ones like ours were those where the ward teams had support. In our case this support came from our patient experience improvement team who are working with the Quality Academy for other wards to implement their improvement ideas."

Got a great fundraising idea? Email us: fundraising@glos.nhs.uk

cheltenham and gloucester hospitals charity



Freedom to speak up guardian

Our Head of Patient Experience Suzie Cro has been nominated to undertake the Freedom to Speak up Guardian role for our Trust.

The appointment of a Freedom to Speak Up (FTSU) guardian in every NHS Trust was a recommendation by Sir Robert Francis following his review and subsequent report into the failings in Mid-Staffordshire.

Suzie has been meeting teams around the Trust to raise awareness about her new role: "As the FTSU Guardian I will work alongside our leadership teams to support the organisation in becoming a more open and transparent place to work,

"My role is designed to create a culture of openness"

where all staff are actively encouraged and enabled to speak up safely.

"My role is designed to contribute to creating a culture of openness throughout the organisation, to ensure that our 'speaking up' processes are effective and continuously improved and to ensure all staff are supported appropriately when they speak up or support other people who are speaking up.

"I will also have a key role in helping to raise the profile of raising concerns in this organisation and I will provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.

"As a FTSU Guardian I won't get involved



Suzie with senior sisters

in investigations or complaints, but I will help to facilitate the raising concerns process where needed, ensuring that our policies are followed correctly."

Our policy for raising concerns can be accessed on the a-z section of our staff intranet where you can find a link to the anonymous dialogue system 'Speak In Confidence'.

Alternatively, Suzie can be contacted on: 0300 422 5731, 07789 864970 or: Suzie.Cro@glos.nhs.uk

Living with and *beyond* cancer

Focus on support workers

In last month's Outline we explained how Holistic Needs Assessments (HNAs) were improving care for cancer patients in our hospitals. This month, our new Macmillan Support Workers, talk about their contribution to supporting our patients cancer care.

Macmillan Cancer Support, as part of its wider investment in the Living With and Beyond Cancer programme in the county have funded our support workers; Karen Collyer, Melanie Woodman, Deb Crebbin and Ali Williams.

"Together we can then agree a plan of action to address these concerns"

Please can you briefly describe your role?

Karen: My role is to provide prostate cancer patients with practical and emotional support throughout their cancer pathway. I carry out Holistic Needs Assessments with patients, giving them the opportunity to identify any concerns they may have as a result of their cancer diagnosis or treatment. Together we then agree a plan of action to address these concerns. Supporting the Clinical Nurse Specialists is also an important part of my role.

Why is the HNA important in a patient's cancer care?

Mel: To make sure that patients know that they are unique and important and we endeavour to care for their holistic needs. To reinforce the message that supportive care is important for patients and their families, and to assist their recovery.

Karen: Being diagnosed with cancer can affect many areas of a person's life and the HNA is important in a patient's cancer care because it enables them to identify the areas of most concern to them as an individual and then we are able to support them to manage these issues by providing relevant information and referring on to other services.

What are you hoping to bring to the role?

Ali: I am hoping to bring 'wrap around' care for the patients to empower them and their families to continue living with and beyond cancer well. The aim is to support the clinical team in caring for the patient and to support the patients with non-clinical concerns they are encountering in their lives.

Mel: I hope that I am a good listener and that patients will be able to confide in me and allow me to help them with any problems they have. I like to build up a relationship with people to enable this. I am passionate about the care that cancer patients receive.

How does your role fit into the multi-disciplinary team?

Deb: I attend the MDT as it gives me an idea of what patients I will be seeing. It has also helped me understand medical terminology and gave me the treatment overview of the whole process that patients will go through.

Mel: I hope that my role allows the patients more time to discuss their concerns to allow the CNS's to concentrate on more complex cases.



About Living With and Beyond Cancer

The Macmillan Living With And Beyond Cancer Programme is working to ensure that people diagnosed with cancer are living as healthy and active a life as possible during and after treatment.

More people than ever before are living with and beyond a cancer diagnosis. The impact of cancer does not suddenly stop when the treatment is over.

NHS England says: *Having cancer does not mean you are just a set of symptoms to be treated. And it can happen to anyone, at any time, regardless of their age, gender, background, or circumstance.*

Cancer does not discriminate.

Everyone who gets cancer is different. And the care and support they will need to live with a cancer diagnosis in a way that makes sense for their own life, particularly after treatment has finished, will be different.

Thanks to our ever-improving survival rates, more and more people are surviving for longer with or beyond cancer. We are committed to making sure that everybody receives the personalised care and support they need, when they need it, to live a happy and healthy life beyond a diagnosis of cancer.

For more information, contact James Curtis, Macmillan Programme Manager.

Critical illness aftermath

Rehabilitation from critical illness study day

It is widely recognised that critical illness can have a profound and prolonged effect upon the patient and their family.

Physical difficulties, weakness and loss of energy together with emotional problems such as anxiety, depression, post-traumatic stress disorder and cognitive impairment often characterise the patients' uncertain journey to recovery. With strain often placed upon family relationships and finances, the effects go far beyond the Department of Critical Care walls.

"Such heartfelt stories are a reminder that we care for people not just patients"

In response to these well documented and complex issues; nursing, medical and allied health professionals came together in Sandford Education Centre to share knowledge and experience in relation to rehabilitation post Critical illness.

The study day, attended by staff from Critical Care and several acute wards from within the Trust included an interesting and varied programme with talks on the role of therapies in rehabilitation, nutrition, patient diaries, delirium, speech and language therapy, post traumatic stress disorder and patient engagement.

Whilst the resources for rehabilitation

and post Critical Care 'follow up' are limited both locally and throughout the UK, the opening comments from Senior Sister Carol Sarrington referenced the importance of planning and 'marginal gains' in relation to all aspects of care and rehabilitation from critical illness.

A significant positive impact can be experienced by patients, their family and staff through carefully planned interventions delivered with care and compassion and often without the need for additional financial investment.

Particularly poignant moments came when staff nurse Roville Acero shared his experience of engaging with patients as well as a visit from a gentleman who spent several weeks within the Department of Critical Care in GRH. Such heartfelt stories are a great reminder that we don't just care for patients but for 'people' who are often facing one of the most challenging episodes in their lives.

A big thank you to the dedicated staff who worked together to make this day happen; Carol Sarrington, Sonia Maisey, Warren Doherty, Mark Charania, Christopher Williams, Caroline Phelps, Jane Cantwell, Jessica Salenius, Rob Cronin, Debbie Seal, Annie Smith, Annie Hudd, Maddy Romer, Charlotte Hitchings, Roville Acero, Sharon Smith, Louise de Lloyd and Sharon Collins.

Also thanks were offered to Mr and Mrs Henderson for their personal insight into the impact of critical illness.

ACT to save babies' lives

Although stillbirth rates have fallen over recent years, current rates indicate that one in every 200 babies is stillborn – that's more than 3,600 nationally every year.

Midwives at our Maternity Units are introducing initiatives to improve information for parents-to-be on the importance of being aware of their baby's movements as we embrace national guidelines about reducing rates of stillbirth.

Assistant Director of Maternity & Fertility Services Dawn Morrall said: "As midwives we witness first-hand the devastating impact of these deaths. Every stillbirth is a tragedy for the families involved, and we would like to see a reduction in these sad events at our hospitals.

"During pregnancy, feeling your baby move reassures you that they are well. In some cases, a baby's normal pattern of movements may change because they are unwell – around half of women who had a stillbirth felt that their baby's movements had slowed down or stopped.

"Feeling your baby move reassures you they're well"

"We have developed this campaign to help women recognise signs and symptoms that may concern them, and our message is clear: never hesitate to contact your midwife or local maternity unit for advice, no matter how many times this may be.

"We're using the simple acronym ACT – Active, Change in movements and Tell someone – to raise awareness amongst women and to ensure that movements are discussed in a consistent way at every contact with a health professional."

The Maternity team has been strengthening the four main themes within the national Saving Babies Lives guidance. This guidance is part of a Government drive to halve the rate of stillbirths across the UK by 2030.

The guidance brings together four key elements of care based on best practice and evidence in order to help reduce

1 baby in every 200 is stillborn.
Help us to keep you and your baby safer during pregnancy.

stillbirth rates: these themes include further support for women to help reduce smoking in pregnancy (a major factor in stillbirth), increasing surveillance of babies growth during pregnancy, providing specialist advice and information around babies movement in pregnancy and monitoring of baby's heart rate during labour.

Staff stories

From strokes to HIPZ

Dr Kate Hellier is a well-known Consultant Stroke Physician, however last month Kate took some time out to take part in a once-in-a-lifetime charity bicycle challenge in Zanzibar to help raise much needed funds in aid of the Health Improvement Project Zanzibar (HIPZ).

Kate explained that the trip, which she undertook with two other consultants from the Trust, Urologists Faith McMeekin and Biral Patel, is one she will never forget: "The charity was set up by a Consultant Urologist, Ru MacDonagh in Taunton in 2007 and he knows Biral and Faith who are urologists at our hospitals. The organisers were looking for more riders for the event and they persuaded me to come along too, with 18 of us in total on the trip.

"I have raised £2500 thanks to friends, generous colleagues and even a few patients"

"The HIPZ charity took over the running of Makunduchi Hospital, leasing it for ten years from the government, they subsequently added the hospital in Kivunge to the project. So far, I have raised £2,500 on my JustGiving page with huge thanks to friends, fantastic work colleagues and even a few patients who heard about the endeavour. Biral and Faith have also had great support from colleagues who've helped them fundraise.

"I emailed our Chief Executive Deborah Lee, Medical Director Dr Sean Elyan and our Director of Nursing Maggie Arnold before we went, to ask if there was anything we could take with us that we didn't need at our hospitals.

"Our pathology stores were able to donate a stock of needles which we are unable to use anymore (because our new ones now have a safety cap) and since we had changed the gloves we used there was some old stock on a shelf as well as some syringes. This stock would otherwise have been discarded, so I filled two suitcases with these items and, since there were needles, syringes and gloves but no drugs in the cases, I was just about able to get them through customs at the airport with quite a few questions asked in Swahili about what we were up to.

"The cycle ride consisted of six days' worth of cycling around the whole island and there were eighteen riders raising money for charity. We were supported by two Scottish bike mechanics who bought and fixed up bikes from locals for us to use, and helped with repairs as parts broke on our way. We also had a support team in trucks in front and behind us and they made sure we didn't ride into potholes and helped signpost our way. We were joined by a local cycling celebrity called Juma, and as we were cycling along the local children ran out of their houses to cheer us on our way.

"The most memorable part of the trip for me was visiting the hospitals. I didn't think it would impact on me as much as it

did, but standing there in their emergency room I was talking to a doctor who had worked there a few years before.

"He told me that only five years earlier, people who came in for treatment in the hospital would be laid on a stone slab against a wall and the staff would only be able to care for them from one side.

"There was very little they could do to offer any assessment or treatment, however one big difference that the charity made was by creating a proper emergency room with a bed so that nurses and doctors are now able to treat patients from both sides, as well as some equipment including a nebuliser machine and some suctioning.

"However, I was really struck by the fact that if a patient needed ventilating, there was no option in that hospital. When I asked if the main hospital in the capital Stonetown could ventilate people, I was told that whilst they had a machine, no one really knows how to use it there, so locals and tourists brought in who needed ventilating would simply die.

"On a positive note, I saw babies being born in the maternity unit and on the day we visited, we met a ward full of male patients who had had hernia surgery the day before, performed by a surgeon and anaesthetist at the hospital; all achieved with the help of the work of the charity.

"What was lovely was that all the staff were really motivated to improve. The charity's aim is to go in to help teach locals about what should happen and help them drive up the quality of care.

"Over the last year, they have had two British junior doctors (post F2 jobs), who have been sharing the skills of quality improvement, using data collection to help show how things are changing for the better, and this is reflected in a real feeling of team spirit and a sense of value and pride.



Kate, Faith and Biral



Kemerton Ward Cake Sale for HIPZ

Kate advises that The HIPZ charity hopes to wind down its involvement on the island over the next few years, after having successfully achieved its aim in creating an improved health service for the locals to maintain and develop further.

Kate concluded: "The heat was unbelievably crazy but I would consider doing it again as it was one of the most amazing experiences ever! There is still lots of work to do, so that is where the fundraising money comes in."

To find out more about the Health Improvement Project Zanzibar, visit www.hipz.org.uk or to donate, visit www.justgiving.com/fundraising/kate-hellier

Hitting cancer for six at cricket festival

With the Cheltenham Cricket Festival in full flow, two of Gloucestershire County Cricket's rising stars dropped in to meet nurses and staff in the local Cancer Centre to find out how their charity support is making a difference.

Brandon Gilmour and Callum Gregory took a break from the Cricket Festival, which is taking place on the grounds of Cheltenham College, to find out more about the Focus fund's 'Hit Cancer for Six!' appeal and how it helps patients fighting cancer at the nearby Gloucestershire Oncology Centre.

Brandon and Callum handed over free tickets for the Cheltenham Cricket Festival for cancer patients at the Focus information Centre, and then saw the impact made by last year's appeal which helped to fund new treatment suites for patients with Thyroid cancer.

"Brandon and Callum took a break from the Festival"

The new suites provide the best possible environment for these local patients, often aged in their 30s or 40s, who receive an intensive form of treatment. Due to the radioactive nature of the treatment, the patients need to be kept in isolation at the hospital until their levels of radiation have fallen which usually last 4 days.

With access to a kitchenette and



Brandon and Callum with staff

wifi, the new suites help to create a reassuring environment for patients which enhances their wellbeing, and have also doubled the number of patients who can benefit from the treatment.

Brandon Gilmour said "Last year I visited the Cancer Centre and they were hoping to raise the funds needed for the Thyroid Cancer Suites, so it was brilliant to know that our support helped to make that possible. The nurses and staff there are just incredible and it's great to be able to get behind the work they do."

Richard Smith, Head of Fundraising said: "We really enjoyed Brandon and Callum's visit, they were a real hit with our staff and were clearly interested in the impact their support of our Focus fund is making. The Hit Cancer for Six Appeal is a fantastic partnership, especially with the Hospital visible from the Cricket Ground, and we are very grateful to the players and Club for their support of local cancer care."



Growers united deliver donation

Local cancer patients will benefit from a donation of £5,500 raised by Growers United FC at their annual fundraising dinner.

The team from Growers United dropped into their local cancer centre to deliver the donation to the Focus Research team, who work to offer patients the opportunity to benefit from new cancer research and trials.

The funds were raised earlier in the year, when over 300 people involved in horticulture and agriculture gathered together for an evening of fundraising,

which featured entertainment from musicians, comedians and a guest appearance from Alan Kennedy, the former Liverpool FC and England football player.

A charity raffle and auction on the night boosted the fundraising, which will directly help the Focus team to widen the number of local people who can take part in cancer research trials.

In memory of Kamil

The Focus team are based in the Gloucestershire Oncology Centre, and their work reaches out to a population of one million people over an area covering South Worcestershire, Gloucestershire, Herefordshire and parts of Wales.

St. Peter's RC High School have generously fundraised £552 towards Gloucester ITU Charity. This was done in memory of Kamil Ciemniowski who was a pupil at the school and was cared for at Gloucester ITU 4 years ago. This donation will help pay for various equipment on the unit to further enhance patient care.



The money was raised by a school staff versus pupil football match which is now an annual event.

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Walk for wards

Hospital patients, staff and the local community are preparing to walk together to raise money for their local hospitals at our third annual Walk for Wards on Sunday 1st October 2017.

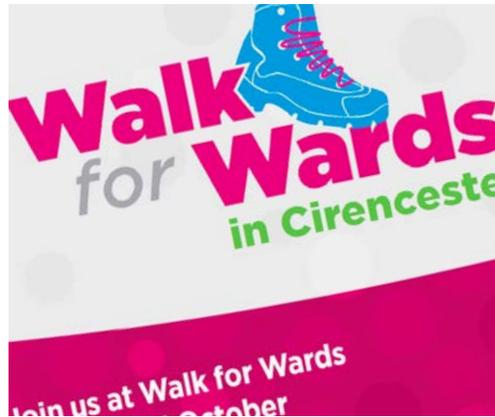
Participants can decide which ward or area of the hospitals will directly benefit from their support, raising funds which will provide extra care and equipment over and above that provided by the NHS.

The event will take place at scenic Cirencester Park and walkers can choose a 3km or full 10km challenge. The family-friendly, shorter route gives supporters of all abilities the chance to join in, and dogs are also welcome.

Refreshments will be provided for all walkers and The Metz Big Band will perform on arrival and at the end of the walk.

Last year's walk raised over £10,000 for wards across the hospitals, funding equipment which benefits a wide range of patients from people fighting cancer to stroke and heart patients, and new babies through our Maternity Fund.

The walk is free to enter and participants are asked to raise a minimum of £20 sponsorship and register in advance at www.gloshospitals.nhs.uk/walkforwards or by contacting fundraising@glos.nhs.uk or 0300 422 6738.



The big picture

Vascular Scientist Julia Warne, who's shortlisted for Healthcare Scientist of the Year.

Involve

JULY–AUGUST 2017

Big Thanks to @gloshospitals again for looking after me through emergency surgery #2 yesterday. You couldn't ask for better care #amazing

Iona, Twitter, July 2017