

Involve

NOVEMBER 2017

Gold standard

Winter plan changes
delivering results

MORE DETAILS ON **P6** 



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Message from Deborah Lee

The nights have now drawn in but although the daylight hours are shorter, they are no less packed, with so much happening every day. There are many significant strategic projects happening at the moment, with much to get involved in and as you know, I do like a challenge!

This month has been especially action-packed, including a visit from Secretary of State for Health Jeremy Hunt who spoke passionately about his determination to make the UK health system the safest in the world. He is clearly a man that can take a brief on board as he quoted several of our huge achievements including delivery of the 95% A&E target for three weeks running – observing it to be the first time in 7½ years! Of note, he recognised that recently, we have made that huge shift from A&E department target to whole hospital target – thanks to every member of staff working in services along this pathway, including our Site Team, you are all contributing to improving the experience of not only our patients but your colleagues too.

"Signs are that the recent changes to trauma & orthopaedic services continue to bed in well"

Signs are that the recent changes to trauma & orthopaedic services continue to bed in well (see page 8), alongside other developments such as the Emergency



Surgical Assessment Unit (ESAU) and the ring fencing of Day Surgery Unit capacity. On the latter I was delighted to receive an email from Liz Buckingham, senior sister on DSU, describing the benefits to staff and patients arising from the changes. I met Liz in one of my first walkabouts, soon after I arrived, and was unexpectedly introduced to a number of medical patients, many of whom had been outlying on the unit for over a week. Two days into the recent changes, Liz reported no outliers, six nurse-led 23-hour discharges and sufficient capacity to pull patients from theatre lists into DSU who would otherwise have been heading to inpatient wards. Needless to say, she and the team are delighted with the turnaround - long may it last – but rest assured we are not complacent as we head into winter 'proper'.

Alongside these service changes, our new Chief Operating Officer Caroline Landon has been instilling new operational disciplines into the daily routine and, again, there are early benefits to see. Whilst the performance has been great to see, what I have enjoyed the most is the recognition of success and exchanges of thanks between team members. The daily rallying cry is something



else - in her words "team of teams!"

In early November, with less than 24 hours' notice, Pauline Philips (National Director for Urgent and Emergency Care) visited GRH and toured A&E and other services in the urgent care pathway. The visit couldn't have been better timed, having achieved 97.9% the day before and she was incredibly complimentary about what she saw. She honed in on one of my biggest beefs - patient transport. The Arriva staff delivering these services are hard-working, professional and kind but the timeliness of services are not what they need to be, with just around a half of patients receiving transport that meets the contractual standard. I have formally written to the CCG (who commission the service) expressing my concerns at the ongoing levels of poor performance and asking them to consider what more they can do, under the terms of the contract, to drive performance improvement.

Mid November saw the four day 'Deep Dive' which will result in the development of a comprehensive recovery and development plan for our electronic patient record TrakCare. The findings and the plan will



be shared widely once completed.

As part of my voyage of discovery around Trakcare and our digital opportunities, I have spent time with the Chief Information Officer (CIO) from the Royal Liverpool Hospital. This Trust is one of a handful of Trusts designated as Global Digital Exemplars (GDE) and who are expected to develop blueprints that others can learn from and adopt. For the first time, I feel like I have seen the future and it really is digital!

I'm proud that the Trust has been selected by the Royal College of Surgeons to be just one of six Trusts nationally who will be piloting the new model of surgical training for junior doctors, hopefully from August next year. The programme, entitled Improving Surgical Training (IST), is aimed at enabling surgeons to gain more operating experience during their training by supporting juniors with advanced clinical practitioners who are trained and equipped to do more of the ward-based work currently undertaken by surgeons in training. The Trust has a very good reputation for training, currently under the dynamic leadership of Kim Benstead and her team of committed educational supervisors.

I couldn't let a month go by without mentioning the money! In early November, NHS Improvement observed the TIB in action - TIB or the Turnaround Improvement

Continued on next page

Message from Deborah Lee

Board is the meeting where we scrutinise our progress on financial recovery and delivery of our savings plans. NHSI were complimentary about what they observed, commending staff for their grip and focus on our finances. The meeting reminded me that there is no single bullet or even round of bullets that will address the financial challenge we face but rather a multitude of actions taken by individuals and teams.

"The financial challenge needs a multitude of actions by teams"

A round up on the Gloucestershire Flu Fighters – great progress is being achieved with 3,951 or 63% of targeted staff now vaccinated. The Flu campaign is receiving a huge amount of national attention this year – the experience in Australia and New Zealand this winter is not something the government wishes to see repeated in the UK.

At the end of October we said goodbye to Dave Smith, Human Resources Director. Dave joined the Trust more than eight years ago after a career in banking and will leave HR services in very much better shape than he found them.

I hope you all know by now that I like nothing better than to escape from the office and the seemingly endless meetings to spend time with colleagues on the frontline looking after our patients. I am inevitably bowled over by their unflagging enthusiasm and dedication to supporting

initiatives to make our services better. However, I am always concerned when I hear that staff are unhappy about any aspect of their working lives, and recently I have become aware that worries about personal safety are uppermost in the minds of several members of staff. Many members of our team have described their own concerns and given examples of times when they have felt unsafe. As a result of some specific examples, some risk assessments have been undertaken already and further measures are now in hand to improve safety in those areas. The safety concerns stem from a number of different issues.

Firstly, the increasing exposure of staff to violence and aggression from patients or their family members - I had cause to write to staff to thank them for their professionalism and commitment over recent weeks when they have faced incredible levels of challenge from certain patients. Secondly, staff are increasingly reporting incidents of people on our GRH site who are neither patients nor visitors. If staff ever feel unsafe making their way off the site, they can request an escort from porters



or security – inevitably this might cause a delay to the journey home but safety trumps everything. Finally, many staff have commented on the increasing difficulty parking in the Tower Block Car Park which is a particular issue for late shift staff who then not only have to park off site but have to return to their cars in the dark – another safety concern. A number of actions have been taken including switching more patient spaces to staff spaces in the car park.

I was delighted to be at the launch of the Diversity Network. More than 50 leaders from the Trust came together to celebrate and launch the Network which signals the start of a renewed focus on this important subject. The room was moved to tears as it heard three staff members describe the prejudice and discrimination they had experienced from colleagues and patients. It was simply the most impactful session on this subject I've ever attended (and I've been to a few). We now have a Network of staff who know what it's like to be perceived as different by their colleagues and are here to provide support and, as importantly, to ensure that the Trust's leadership takes action to make this a positive place to work whatever your race, ability, health or sexual orientation.

At the November Board Meeting, the power of patient stories was brought to life when a mum came to speak to the Board about her family's experience of having a son diagnosed with acute lymphoid leukaemia three years ago. To hear her speak with such positivity

about such a difficult and challenging time was testament to the team who have cared for her young son and his parents. The beads of courage were a particular highlight. If, like me, you were in danger of thinking that play specialists are a great 'nice to have' – think again, they are an absolute 'must have'. Without fail, each and every positive experience highlighted by the parents, to help their son overcome his fears of treatment, had the care and creative minds of our play specialists at their heart. The picture of Michael, beaming, as he went to theatre on his scooter will remain with me for a long time!



Winter watch

A&E success!

The A&E four-hour performance standard is a key patient quality and safety indicator which doesn't just reflect how our A&E departments are doing but is a much wider indicator of how well our hospitals and the wider system is performing.

Over the last four weeks, the Trust has made significant progress against the four-hour standard (see graphic right) which is a testament to the renewed focus and determination of staff to ensure patient care is the highest quality.

It also indicates that this year's winter plan, which has seen significant investment in system-wide measures, has started to have an impact.

Key initiatives launched this winter

Our focus on winter preparedness has resulted in us doing a number of things differently this year which builds on the lessons from previous winters and reflects the scale of engagement we have from frontline staff.

Acute Trust measures include:

- › Extending our consultant/nurse-led Ambulatory Emergency Care service in A&E and the introduction of an Emergency Surgical Assessment Unit, both of which will enable patients to bypass A&E and receive a specialist opinion sooner, resulting in more rapid diagnosis and treatment

- › Changes to the configuration of orthopaedic services will enable more patients requiring routine operations such as a hip replacement to be operated on throughout the winter, in contrast to previous years when an increase in patients requiring urgent care resulted in fewer routine operations being performed during the winter months.
- › Enhanced service enabling frail patients to receive 'wrap around' care and support resulting in safe and timely discharge from hospital. This service enhancement includes an additional three Consultants (Care of the Elderly Consultants), 2 Therapists, 1 Pharmacist, 2 Specialist Nurses and 1 Co-ordinator working closely with partners across the system with the ambition of working towards a 7-day-a-week service between 8am – 8pm.

System-wide measures:

- › Making more (around 1,500) same-day GP appointments available.
- › Increasing support in the community from community teams and rapid response service.
- › Primary care professionals such as GPs 'streaming' (directing) patients to the most appropriate services to meet their needs when they arrive at A&E.

T&O success!

As the NHS community launched this year's winter campaign to the media and public in mid-November, the recent changes to trauma & orthopaedic services continue to bed in well.

The Trauma & Orthopaedics service changes for winter - implementing the 'Getting it Right First Time' (GIRFT) programme - has had encouraging initial results. Evidence in the first three weeks has demonstrated:

- › Number of cancelled elective operations in the week prior to surgery has reduced from a weekly average of 9.5 to 1.5
- › Elective operations cancelled on the day of surgery have dropped from a weekly average of 9.75 to 2.3

"Elective operations cancelled on the day of surgery have dropped"

- › Number of trauma patients cancelled has dropped from a weekly average of 8.25 to 0
- › The number of trauma patients not seen, treated and discharged (or admitted) from A&E within four hours has reduced from a weekly average of 8 to 1
- › It is 7 years since GHNHSFT delivered two successive weeks of the whole ED performance attaining 95% despite still receiving an average of 395 attendances a day

The team will continue to refine pathways whilst embedding and responding to the winter challenges.

See more information on the following pages.

Week ending: 29/10/2017

90.49%
2638 attendances

Week ending: 05/11/2017

95.74%
2701 attendances

Week ending: 12/11/2017

95.29%
2740 attendances

Week ending: 19/11/2017

94.38%
2632 attendances

Staff stories: Focus on our teams

Meeting the Vulnerable Women's Team

The Vulnerable Women's Team (VWT) has been running for two years and was set up so that specialist midwives could provide a co-ordinated service to improve outcomes for vulnerable women and their families.

Parenting begins in pregnancy and vulnerability in the mother-to-be can impact on her capacity for good parenting, with long-term consequences for the child.

The team provides a service five days a week during office hours but the senior midwives also take part in the senior management on-call rota for the whole unit. Michelle Richardson works as a senior sister in the Neonatal Unit when not doing her safeguarding role within the VWT. There are currently eight people in the team who support vulnerable women:

Sally Unwin: Specialist Midwife for Safeguarding Children and Vulnerable Adults.

Michelle Richardson: Senior Sister within the Neonatal Unit

Lynsey Tamlyn: Specialist Midwife for Substance and Alcohol Misuse

Jo Daubeney: Specialist Midwife for Substance Misuse and Teenage Pregnancy

Vicki Pirie: Specialist midwife in Teenage Pregnancy

Emma Stone: Safeguarding Children Administrator

Chrissy Toye: Specialist Perinatal Mental Health Midwife

Laura Moxey: Specialist Perinatal Mental Health Midwife

The VWT do not caseload (or have their own cases) but women are referred to the team (and to the appropriate specialist midwife) ideally at their booking appointment, but may be referred in at any time during their pregnancy or even following delivery.

"Many vulnerable women and their families are at risk"

Many vulnerable women and their families are at risk due to issues including a chaotic lifestyle, financial problems, associated housing issues and poor general health.

The most common vulnerabilities that they see are amongst the following groups:

- Young parents (Under 18)
- Pregnant women and expectant fathers with drug and alcohol problems
- Pregnant women and expectant fathers with mental health concerns
- Domestic Abuse
- Child Sex Exploitation and Trafficking
- Any general safeguarding concerns for expectant mother and unborn baby

Young parents are given additional support from the Teenage Pregnancy Midwifery Service to support the development of

confident, capable, parents through proactive engagement and partnership working with key partner services. Our specialist teenage pregnancy midwives offer 1-1 parentcraft sessions to those who may not engage well in larger groups and the team also provides best practice advice and guidance to the wider maternity service about working with teenage parents.

Women who are experiencing or are at risk of worsening mental health during and after pregnancy can be supported by the Perinatal Mental Health Specialist Midwives, and individual care plans will be put in place to support their mental wellbeing.

Families who have had previous involvement with Social Services may need the right agencies involved throughout the pregnancy to identify any factors that put unborn babies or children at risk of harm. The Vulnerable Women's Team link with multi-agency teams and attend social care meetings including case conferences and core groups.

"Each month the VWT receives an average of 125 concern forms"

More than 6,000 babies are born in Gloucestershire every year and each month the VWT receive an average of 125 concern forms relating to vulnerable women and their families. These concerns are recorded on a Safeguarding Database developed by the team so that individual plans can be easily viewed by lead midwives throughout the unit and outcomes monitored.

The aim of the entire team is to support women and their families, and to enable them to be confident and capable parents.



Many women need this extra support and help during pregnancy and the post-natal period to enable them to be the best parents possible. Any risk to an unborn baby needs to be identified at the earliest opportunity and appropriate actions put in place to prevent babies becoming victims of neglect or other types of abuse. The VWT also offers appropriate advice and support to colleagues and families to ensure that the correct agencies are involved and the right support provided.

The team continue to support and advise patients and colleagues throughout the pregnancy and can also refer women to more intensive post-natal community support from midwives and health visitors if necessary.

The VWT share their specialist knowledge through a one hour session on the midwifery mandatory training day as well as providing regular updates to MCAs (Maternity Care Assistants). They also provide safeguarding supervision to individuals and groups through monthly safeguarding forum and bespoke study days.

Staff stories: Occupational therapy week

Celebrating occupational therapy

It was Occupational Therapy Week between 6th - 12th November and our OTs took the opportunity to promote the ways in which the OT profession improves the lives of our patients and service users.

Our OTs worked alongside colleagues across the county to promote the week in our organisation, in our community and beyond.

"The week got a huge amount of attention on social media"

The week got a huge amount of attention on social media and was judged to be a great success in making an awareness week really meaningful to the profession and to patients. Below are two of the fascinating insights that the team shared for the week.

A Day in the life of an Oncology OT - Juliette's story

I feel lucky to work in oncology. No two patients are the same and no two patient's disease take the same path. I came to this area by accident after many years as a clinical specialist in stroke rehabilitation, now I am a convert to the area and feel honoured to spend my days working with patients at such a turning point in their life.

The work is so varied I may be treating a brain tumour and then a pathological fracture then a spinal cord injury, meaning



Juliette

I have to be skilled up on many different treatment pathways. I can honestly say at least once a week there is a word I have never heard of before. All this keeps me on my toes and means every day is a day for learning. All in all though, I deal in function and regardless of cause my core OT skills of activity analysis come into play.

The best part of my job is being able to spend time with patients and see beyond their diagnosis. I am privileged to be involved with patients whom a lump they hadn't been aware of until recently has caused a bump in the path of their life, but they will get back on track and never need to see us again. While the path is bumpy, I hope I ease it a little with advice on life adaptation or equipment to ease the way. I also see those patients who the pathway of life is coming to an end.

I am fortunate as an OT to see the person behind the diagnosis. I hear their stories,

a teacher who still remembers the student from 20 years ago whose life they changed; teaching has been their life ever since and is the essence of who they are and who they are desperate to get back to. The grandparent missing their grandchild who has been told to stay away for fear of spreading bugs when their immunity is so vulnerable. The marathon runner who finds themselves floored by treatment and is barely able to make four steps to the toilet. With every story I listen and discuss just what we can do help make these things happen for them again in some way.

"With every story I listen and discuss what we can do to help"

In the sad cases where improvement is no longer an option, we rehab to an optimum to help them to achieve to achieve meaningful goals for the final part of their journey, to help them make the most of what is important to them.

A snippet of the day in the life of me: An acute hospital Trauma and Orthopaedics OT – Kristina's story

With a strong cup of tea to kick start the day and I'm ready to face the busy ward with numerous new patients, searching for notes and determining who needs therapy, who's awaiting theatre, who's medically fit and our priorities for discharge for the day.

Needing to change our plans to work flexibly between washes and who has gone off for scans or to plaster room, our patient is targeted... a quick stair assessment to get out our priority discharge and our first tick is on the handover.

A self-care assessment to determine rehab potential and care needs for David who



Kristina

has fractured his clavicle and has to wear a sling for 6 weeks. Teaching him to wash without actively moving the arm and working out the best way for him to transfer and walk when he previously walked with a frame. He doesn't have rehab potential and will struggle at home so it's the non-weight bearing pathway for David.

Sally is palliative and 1-day post-op spinal stabilisation surgery. She is worried so we take it slowly and sit her out of bed for the first time using a stand aid. She did amazingly and her confidence is boosted.

A quick run to the equipment store to get some aids that were highlighted yesterday as essential for discharging Alan home. His family attend the ward and I demonstrate fitting the equipment. That's another discharge for us.

Out of my OT uniform and another varied, fast paced, challenging and exciting day done.

If you have a day or week that your team or department is organising, please contact the comms team for support in getting your key messages to the widest possible audience: gghn-tr.comms@nhs.net

Patients welcome sedation in OMF

The oral and maxillofacial outpatient department at GRH has recently had conclusive evidence that they are providing a service patients welcome.

A survey of outpatients undergoing oral surgery with the benefit of intravenous conscious sedation has recently concluded.

Over 90% of the respondents found the service met their needs and would request sedation again if further treatment were required. Crucially, 87% said they would definitely recommend this service to a friend or family member.

"This service has been running for a number of years now but has seen recent growth"

Conscious sedation is a technique where intravenous midazolam is given in a step-wise process along with local anaesthetic injections to the operative site.

This process is particularly useful for those with anxiety towards oral surgical treatment or those who require more complex surgery who do not need or want a general anaesthetic (GA). The treatment



is carried out in our purpose-built clinic at GRH and avoids a hospital admission.

This service has been running for a number of years now but has seen recent growth in terms of the number of lists we are putting on.

Lead Clinician for the service, Tom Lees said: "The Conscious Sedation service allows us to offer patients treatment in a clinic setting for something that would once have been carried out in theatres under a general anaesthetic. This survey shows we provide a safe and reliable quality service which our patients clearly appreciate."

**Listening events:
We're all ears!**

Give your feedback on topical issues to members of the exec team – check the 'listening to you' pages of the intranet for details.

Who cares wins: Nina's story

Midwife Nina Kellow was delighted to have been nominated by a patient for *The Sun's Who Cares Wins* awards.

Nina was nominated by mum Alice who contacted Action on Pre-Eclampsia to assist with the nomination.

Nina attended the glittering awards ceremony in London where she met the other nominees as well as a host of celebrities.



The Sun said:

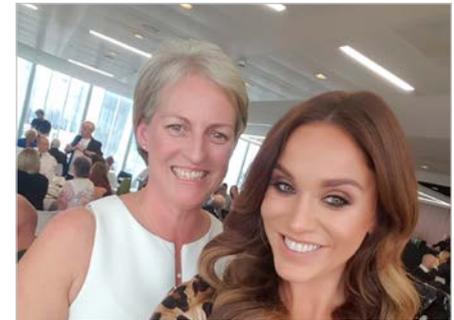
Midwife Nina Kellow was waiting for mum-to-be Alice Clements in intensive care when she was admitted to the Royal Gloucester Hospital with early-stage organ failure.

Alice, who was due to give birth to daughter Isabelle seven weeks later, had developed severe pre-eclampsia, which can be life-threatening to expectant mothers and their babies. Her kidneys and liver were shutting down. The next few hours were crucial. Alice was rushed to theatre to have an emergency C-section.

But Nina stayed by her side and gave her round-the-clock care, which, not only enabled her survival, but helped Alice come to terms with what had happened.

Thanks to Nina, Isabelle, who's now three, was born weighing a tiny 3lb 2oz but was otherwise fit and healthy.

Nina said: "I feel humbled to be nominated by Alice. I am passionate about giving the best care at crucial times to all parents."



Positively speaking



We get reviews and messages every week on both social media and via the NHS Choices website. This is just a selection of those received in October. If you recognise a team or colleague who's included, please pass these wonderful comments on to them.

Facebook:

Stacey: My twins were born here 4 and a half years ago at 30 weeks... they started school in September and are loving life, thank you all xx

Claire: All the staff at GRH SCBU. We can never thank you all enough for the care you took of our wonderful Alex in Dec 2011/Jan 2012. He is a thriving 5 year old thanks to all of you.

Kerry: My 93 year old Nan was sent into Chelt A&E tonight query heart attack, the care she received was absolutely fantastic. The paramedics were so caring and even came back to see how she was doing and say bye.

An agency nurse called Andrew Brown looked after her in resus and he is an absolute credit to his agency so caring and explained everything so well, adapting

his communication very well to my Nan who is very deaf. Well done all of you x

Esme: Thank you to everyone at Thirlestaine Breast Centre, not what you want on your 40th birthday but it had to be done and they were all so lovely! Off to celebrate now, thank you NHS for a great gift.

"The nurses are so good and Toni in recovery was amazing"

Molly: I am currently on ward 2 and I'm amazed at what these people do, I have a very severe mouth abscess and my face had doubled in size, they had me straight in surgery, then they have been absolutely amazing. The nurses are so good and Toni in surgery recovery was amazing, she made me so relieved and helped me through a really tough couple of hours. Thank you Glos Royal, you've made things a lot easier. These women are rushed off their feet and they still smile and chat to you, thank you to everyone here on the ward and recovery from surgery.

Can't believe how amazing you all are, my nurse is called Sophia and she's

been brilliant, answering my buzzer all day to top me up, flush my drip and chat to me due to family having to go home. Thank you for all the help.

Clara: Got relocated here from Bristol to have planned c-section. Blown away by experience, by amazing team who assisted me during surgery. In the following days both Neonatal and Maternity Units were simply wonderful - caring, professional, they made me feel so at home!

Peter: I've had several procedures undertaken at CGH and each time I was treated with the utmost professionalism from all the staff. My husband just started working there as an HCA on Woodmancote Ward and I wish him the very best of luck on his first day!

Twitter:

Sally: The biggest thank you to all staff @gloshospitals who helped us through those first few weeks in 2016 esp Betty! #WorldPrematurityDay2017

Nobby: Thanks to all at Cheltenham hospital #NHSisgreat for excellent treatment this pm got to avoid infection now so can make Anfield on Sat

Stuart: Big thanks to @gloshospitals for their care and help today. #NHS so special when you need it. He's doing fine now

NHS Choices:

Anon: I went with my elderly father to hospital after calling 999. He was seen and accessed relatively quickly within A&E and orthopaedic specialist consulted. The next day the orthopaedic surgeon and specialist met and consulted each other to arrive at 3 different solutions, presented to my dad with family present. I cannot recommend the service he has

had highly enough in managing what is a difficult and complicated orthopaedic problem by all the staff we met. It has been handled with consideration, expertise and compassion. This is the NHS at its best.

"It was handled with expertise and compassion. This is the NHS at its best"

Anon: I had an emergency operation after falling ill suddenly at home on Friday morning and taken into A&E in Glos then transferred to Cheltenham (having to spend a short stay on Snowhill ward). I cannot speak highly enough of all the staff I came into contact with. Everyone was caring, kind, considerate, polite. The ward and all the patients were looked after to such a high standard. Everyone took the time to make sure each individual's needs were catered for and nothing was too much trouble.

The teamwork was outstanding - everyone had a job to do, knew how to do it and did it to a very high standard, no short cuts made whatsoever. I cannot thank everyone enough for the way in which they looked after and cared for me. Such a well-run, organised and happy ward. The ward was welcoming, had a happy atmosphere where the patient was the priority but also where everyone respected everyone who was within the department.

A big thank you to everyone, keep doing what you are doing as it is spot on, you are simply the best in my books.

Our charity

Appeal for sky ceilings

Currently our LINAC treatment rooms have plain ceiling tiles, which provide no distraction for local cancer patients during their treatment, a time when they may feel particularly unwell.

By necessity the rooms cannot have windows so natural light is not possible.

The charity's appeal for sky ceilings will provide a welcome distraction for cancer patients who will be able to look up to an inspiring backlit scene of blossoming trees with a summer sky. It will make a huge impact on their experience.

In total we aim to raise £18,000 to equip each of our Linac rooms with a Sky ceiling, with over £8,000 secured to date. To find out more visit www.gloshospitals.nhs.uk/charity



Local mayors get behind our charity

Councillor Gill Blackwell raised £6,500 to provide extra equipment for local stroke patients during her year as Mayor of Tewkesbury, raising funds through a quiz evening, race day and coffee morning.

Councillor Klara Sudbury, the current Mayor of Cheltenham, is supporting our Focus Fund for local cancer care. Join the Mayor's events to show your support:

- 9 December 2017: Celebration of Christmas at Cheltenham College Chapel
- 23 February 2018: Civic Ball with music from Thrill Collins at Manor by the Lake
- 25 March 2018: Quiz Night at Pittville Pump Room, hosted by Paul Sinha

Visit www.cheltenham.gov.uk or email jennie.ingram@cheltenham.gov.uk for further details.

Join the lottery

With a top prize of £25,000 every week, our Lottery is a great way to get behind your local hospitals!

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

Every player will be allocated a six digit lottery number which is theirs for as long as they play.

It's really easy to join the lottery – you can sign up online at: www.gloshospitals.nhs.uk/charity, through one of our Lottery leaflets around the Hospitals or call the charity team on 0300 422 3231.

Morrison's donation helps babies

A donation of £18,160 from the Morrisons Foundation will mean more newborn babies will spend Christmas at home.

Their gift will fund portable Jaundice Meters, which will enable midwives to identify babies at high risk at the earliest possible stage and move them rapidly into treatment.

"Jaundice Meters will give our team the best possible chance of preventing serious illness in newborn babies, especially as a rapid response is key to successful treatment. We are incredibly grateful to The Morrisons Foundation for this amazing support" said Richard Smith, Head of Fundraising.



Our continuing appeal aims to secure further funds to provide Jaundice Meters to completely cover the Gloucestershire area, to find out more visit: www.gloshospitals.nhs.uk/charity

Our charity

cheltenham
and gloucester
hospitals charity



Get involved and help our charity!

There are so many ways to get involved to help the hospitals charity. Here are just three ideas:

Santa Fun Run

Our Cheltenham and Gloucester Hospitals Charity has been selected as the charity of the year for this year's Santa Fun Run at Pittville Park in Cheltenham on Sunday 3rd December. Full details and entry forms at: www.santasfunrun.com

Jump for LINC

We are looking for people to make a sponsored 10,000 feet free fall tandem parachute jump on our behalf

London to Lille Cycle 2018, June 22, 2018.

This two day ride is a perfect weekend getaway for any cyclist taking you through British countryside and quaint French villages. Find out more at: www.lincfund.org

January health and wellbeing

BECAUSE THERE'S ONLY
ONE YOU

Taking on a wellbeing challenge in January? Why not take the opportunity to fundraise at the same time and make an impact for patients across the hospitals.

Whether you're renouncing chocolate, avoiding alcohol, quitting smoking or taking on a running or walking challenge, you can raise sponsorship for the ward or department of your choice via Justgiving or with a printed sponsorship form.

Find out more at Cheltenham and Gloucester Hospitals Charity website www.gloshospitals.nhs.uk/charity or contact the fundraising team on 0300 422 3231, ghn-tr.fundraising@nhs.net

How Tony's challenge made an impact for cancer patients:

Last year Non-executive director Tony Foster combined his healthier lifestyle pledge with fundraising to support local cancer patients through Focus, the charitable fund for the Gloucestershire Oncology Centre. Tony's love of cheese is legendary amongst his contacts, and by giving up cheese for 5 weeks he was able to raise over £1,500 to support local cancer care!

Share your story:

If you decide to take on a challenge, look for more info on the intranet in December and January and email your pledge to gghn-tr.comms@nhs.net

World prematurity day celebrations



On World Prematurity Day in November, our neonatal team celebrated all the premature babies who got their start at our award-winning neonatal unit.

Parents and babies who had been looked after by the unit were invited to the unit for coffee and a get-together by the parent support HOPE group (see photo on our inside back cover).

Social media posts about the day got a huge reaction, with many parents giving their own feedback on the unit:

Facebook: "You're all amazing! Thank you so much for looking after

our little girl Rhea who had severe jaundice caused by our Rhesus factors. Not only did you see to her every need but you also kept my husband and I sane in our first two weeks of parenthood. She's doing amazingly well and is such a happy bouncy baby. I cannot thank you all enough!"

Twitter: "Thank you for all you did for our little Amy all those years ago. You're all amazing!"

"Both my boys were 8 weeks premature. Today is world prematurity day and a chance for my family to say thank you to the amazing SCBU team at #Gloucester Royal Hospital. Totally amazing #NHS"

OUR PATIENTS: in their own words

What a wonderful team of staff - no matter how tough things get or how low and tired you feel, this amazing bunch of people are there to pick you up and make things seem a little normal. With love and care from the team we could bring our daughter home within 2 weeks of being born.



National casting day

On 2 November, we celebrated National Casting Day at Fracture Clinic and Orthopaedic Clinic at CGH.

This event gives Orthopaedic Practitioners (Plaster Technicians) an opportunity to share their skills and raise awareness of a lesser known profession.

An Orthopaedic Practitioner applies plaster casts & splints to patients following an accident or after surgery for Orthopaedic conditions.

Sister Jo Davis said: "The plaster technicians work alongside Nurses and Doctors in the Out-patient Department, Emergency Department and sometimes Theatres.

"They care for patients ranging from babies to the elderly and enjoy a very diverse role."

The team are very proud of the work they do to improve the quality of care offered to our patients. They periodically review practice:



Paul Garrett with the team

- Performing audits with new techniques whilst also improving on current practice, to improve patient care and flow.
- Promoting our role, recently participating in a workshop for work experience students ensuring there are nurses for this role in the future.
- Teaching the new intakes of junior doctors to give them basic skills in plaster techniques for their future roles in Trauma & Orthopaedics.

The big picture

Celebrating World Prematurity Day at the Women's Centre.



Blood donation appeal

Could you give blood? NHS Blood and Transplant are appealing for blood donors throughout December and January at the Gloucester Donor Centre at 59 London Road. To book an appointment, visit blood.co.uk or call 0300 123 23 23.

Helping the homeless

Now the weather is getting colder, please remember to offer spare clothes to homeless people and anyone else who needs them. The clothes are stored in a cupboard off Bay E in AMU at GRH. And please, do donate any clothes you can spare.

Involve

NOVEMBER 2017

I've recently spent a lot of time in the care of the NHS. At what has been a very stressful time I have been seen very quickly, and the specialists & nurses have been nothing but helpful @gloshospitals

Gemma, Twitter, 13 November 2017