

# Involve

SEPTEMBER 2017

# Be prepared

Staff across the Trust get ready for winter

MORE DETAILS ON **P4** 

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# Message from Deborah Lee

## And so in the blink of an eye the summer has passed and now the focus turns towards our planning for winter!

A key part of our winter plan is inevitably preserving and continuing to improve upon recent A&E performance. When I was on leave over the summer, I generally took my own best advice and kept out of work emails apart from my daily peek at A&E performance.

The very first email I read every morning is the A&E barometer showing me performance for the previous day – I'm not sure if it's my previous life as a Chief Operating Officer that I can't let go of, or whether I'm just an A&E nerd, but I really look forward to 7.30am when the email pops into my inbox. It remains a mixed picture, though it is important to recognise some great progress being made.

We and our partners are committed to delivering the very best care for every patient. It has been apparent for some time that the way in which trauma and orthopaedic services are organised across the county is preventing us from realising that vision. With the support of NHS Improvement, the Trust will be changing the way its services are organised as part of this year's Winter Plan, to ensure that patients requiring routine orthopaedic operations such as hip and knee replacement are not disadvantaged during this period as they were last year.

This year's Winter Plan describes that under these pilot changes, all



orthopaedic trauma surgery would be carried out at Gloucestershire Royal Hospital and as much planned orthopaedic surgery as possible would be carried out at Cheltenham General.

*"The intention is to make the changes in mid-October"*

By piloting this new way of delivering services, we anticipate that many more patients will be able to be treated during the winter months and far fewer will be subjected to last-minute cancellations of care. There is very significant clinical support for this including from the consultant body – many of whom have been calling for such change for some time. We often lament our dual site but my Medical Director has helpfully pointed out that with the right approach to service configuration, this could become one of our biggest assets. There is still much detail to be worked through, but currently the intention is to make the changes in mid-October and I'll update you further as plans firm up.



As part of our staff awards this month, we highlighted the many staff who were being recognised for their long service to the NHS. The people who receive long service awards every year have put the best of their career years into the NHS. Professionally and personally, their lives will have changed and grown during these 25 years, but what has remained throughout is their commitment to making a difference. The Trust greatly values the contribution of its staff and believes it is important to formally recognise their achievements and commitment to the NHS.

Finally, I couldn't think of finishing this introduction to the September edition without reference to the South West NHS Military Challenge which some of you will know I took part in alongside 23 other amazing members of staff on the weekend of the 9 and 10 September. Think bleak moorland, driving rain, 5am wake up calls, communal showers and an obligatory disco and you can find yourself there – at a weekend when our two teams competed against 15 others from across the region.

Of 17 teams we came 2nd and 4th coming very close to the (deserving) winners Royal Cornwall. The enormity of the individual and team effort I observed over the 48 hours is still sinking in so I shall focus on celebrating the incredible outcome and the amazing people that took part. It's yet another window onto the quality of our people and our ability to achieve when we work as high performing teams, with clear goals.

What really came out of the weekend, alongside a lot of fun and hard work, was the power of such events to build teams. I really believe that the benefits to team working that came from 12 people living and working so closely together, even for just 24 hours, couldn't be achieved in six months on the shop floor or in a class room.

The emergence of trust between individuals and the whole team, the understanding of self and others and the shared commitment to goals and each other developed at a pace and scale that I've not witnessed before. All in all the one of the most amazing and valuable things I've done in a very long time – a HUGE thanks goes to my team mates and staff in the Cheltenham team.



## Planning to fight flu this winter

**Having your flu jab protects staff, their families, colleagues and patients and this year it will be easier than ever for our staff to get their flu jab.**

As our Infection Prevention and Control Matron Sue Clague explains, last winter we saw a large number of elderly patients requiring admission to hospital with flu or as a consequence of flu:

"This was certainly reflected in our Trust where we saw very high levels of patients with confirmed influenza in January, but this also continued into February and March. In the main, flu was suspected on admission or shortly after admission and managed according to the 'Flu-bundle'.

"However in a number of cases, Flu was not suspected, or if it was suspected,

not all the elements of the 'Flu bundle' were followed, these patients were not isolated and staff did not use appropriate respiratory precautions."

To reduce the risk to patients and prevent further transmission of this virus, the Infection Prevention and Control Team advised closing areas of wards to new admissions. Several wards at both sites had one of more bays closed for several days, including Ryeworth Ward (read the following pages for details).

The Team looked closely at our data to examine and understand how we could improve for the coming winter.

They found that in some areas that the uptake by staff of the annual flu vaccination was low. Sue explains: "In one affected

area we estimated that only 40% of the staff had the annual flu vaccination. This increased the risk to staff of becoming ill themselves and also the risk that they would infect patients on the ward.

*"In some areas, the uptake of the annual flu vaccination was low"*

"Many staff were reluctant to have the annual flu vaccination, either seeing it as not important or worried because of stories they had heard regarding side effects. They did not see that having the flu vaccination is actually an important patient safety issue. Many staff were unaware of the Flu Myth Busting information that had been made available on the Intranet to help them make informed decisions about getting vaccinated.

"We also found that sometimes visitors were coming onto wards clearly unwell with a cold or flu-like symptoms, but did not see this as a risk to those they were visiting or other patients on the ward.

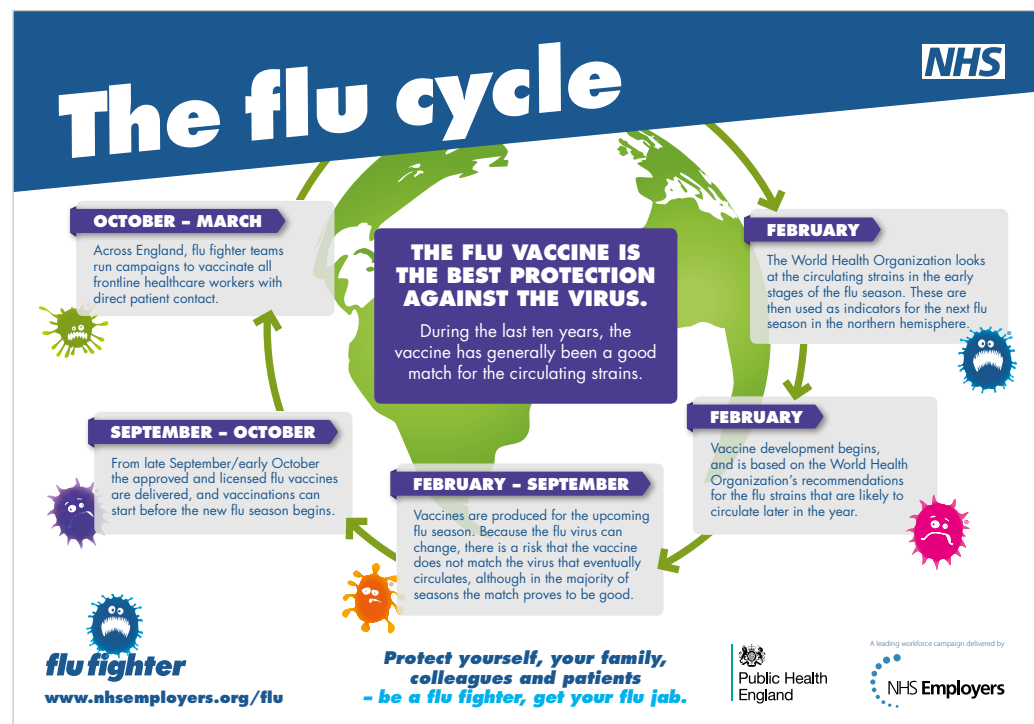
"This winter we will be promoting the use of the 'Flu bundle' and there will be more information available on the ward for staff.

"We are also working closely with Site Management to maximise the rate of prompt isolation of patients with both suspected and confirmed flu.

"New notices on ward doors will ask visitors not to visit if

unwell, and posters and leaflets about coughs and colds will be available to display. These notices will be on ward doors permanently throughout the year.

"The most important and easiest action for all staff working with patients in our hospitals is to have the annual flu vaccination. Vaccination is free, safe and effective; by having it you will be helping to protect yourself, your family and your patients."



## Are you 65 or over?

Cold weather can make you more likely to catch a winter illness that could become very serious.

So if you start to feel unwell, even if it's just a cough or cold, **seek advice from your pharmacist** before it gets more serious.

**STAY WELL THIS WINTER**

nhs.uk/staywell



Sanjay Ganvir, Pharmacist

## Fighting flu on Ryeworth ward

**Ryeworth Ward's Dr Rachel Tarling shares her experience of flu last year when the outbreak had a big impact on the patients and staff on the ward.**

"I mainly work on Ryeworth ward with patients with fractured neck of femur," says Rachel, "they are a vulnerable group of patients who tend to be frail and have had surgery. I did get the flu jab and do tend to get it every year.

"I considered not getting it one year because I was sceptical as to how effective it was, but then ended up treating with patients with Flu and felt safer with any protection I could get. Our ward was closed for some time last season and most of our staff and patients got flu; it was working its way around. You could watch it spread."

*"It was working its way around and you could watch it spread"*

"There were a lot of staff off sick and some patients were really unwell with it. Most had coughs and a high fever. The fitter patients were not too badly affected, but for one or two of the really vulnerable patients, it was the last straw.

"One chap was just about to be discharged when he came down with it and had five days with Tamiflu and three more days till he was symptom free; so an extra eight days in hospital as a result. This resulted in a lot of bed pressure and it was pretty horrible for a couple of weeks; not the best winter!

"My suspicions were raised after seeing it around me; I got a terrible runny nose, felt



Dr Rachel Tarling



Sister Rosemarie Verdadero

feverish, had a cough and this felt worse than a usual cold. As so many staff were off, there was some pressure on those staff who were in, with everyone working harder to cover. I got swabbed by Occy Health and I believe I got a milder dose than I might have because I got the jab. They were the only two days I have had off sick since I started in the Trust in 2009.

"I will have the jab again and I feel it didn't have many side effects and would encourage my colleagues to have it too. Mona-Lisa Lifa was our flu champ and made it easily available on our ward, but I actually got mine at a drop-in-clinic which I found quite handy and easy to find."

Ryeworth Ward Senior Sister Rosemarie Verdadero adds:

"There was a massive impact on our ward; we had to close the ward to new admissions on two occasions earlier this year and this inevitably impacted on patient care, length of stay and patient flow.

"Our Flu champion Mona-Lisa Lifa offered all our ward staff the opportunity to have their flu vaccination; nurses, medics and therapists and some of our team also had theirs at their GP surgery or at the open clinics. We had a better take-up in 2015, but last year we only had 39% who took up the vaccine, despite the posters and availability of the jabs, but it is their decision.

"We discussed our lessons we learned from the outbreak in a ward meeting in March and this year we are working with our Infection Control team to raise awareness not only about flu and the vaccinations, but also to train us all on the flu bundle and taking the correct precautions and use of PPE.

"Our Infection Control Nurses are also working with ED and the Assessment Unit to use the flu bundle prior to admittance to our ward and to improve communications from the front door to the ward or if flu swabs are taken as this will require us to isolate the patients on arrival in one of our eight side rooms.

"I had it too and felt really disappointed as I had to leave the team. I had the vaccine, but talking to the Infection Control team, they felt I probably had a more minor illness because I had the jab. It was the first time I have had sickness for three or four years and was off sick for three days.

"I had to ring the Infection Control Nurse



to get advice. I would encourage anyone to get the jab as if I had not had it, it would have been full-blown flu; much worse.

"We do a sickness interview after we are ill and we found that on average, those staff members who had the flu and hadn't had the vaccine were off longer from five days or more, but I only had three."

## Smooth operator

**We were joined earlier this month by colleagues across the Trust and by Pulham's Coaches and Gloucestershire County Council representatives as we launched our new 99 shuttlebus service at Gloucestershire Royal Hospital.**

The new service, which is free for staff from the town centres and between hospital sites, started on Monday 14th August 2017.

Under the revised service, the number of bus stops has increased from five to eight, the buses are bigger and carry more passengers and the service starts earlier and finishes later.

Neil Jackson, GHNHSFT Director of Estates and Facilities, said: "This is part of our wider travel to work strategy. As one of the very few employers in the region that provides such a service to its staff, we are rightly proud to officially announce the continuation of the 99 shuttlebus under the stewardship of Gloucestershire-based Pulham's Coaches.

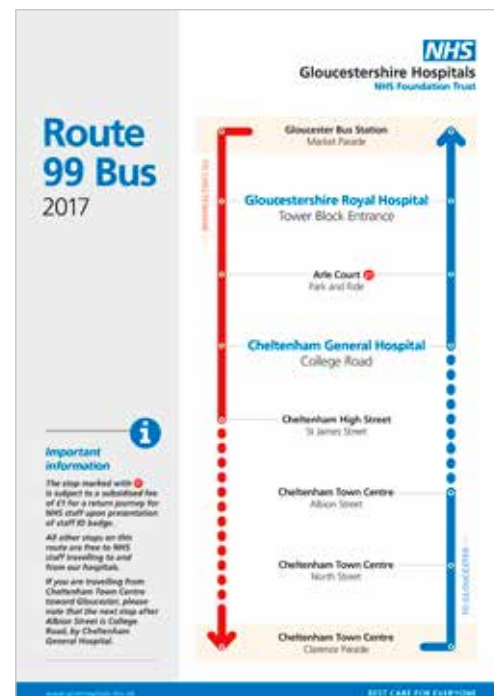
"Stagecoach has done a wonderful job over the years in providing the service and I would like to take this opportunity to thank them for their work. However, I am confident that in due course the newly revised service will reach even more people and I would like to warmly welcome passengers on board."

Kathryn Pulham, Pulham's Coaches Finance Director, added: "We are thrilled to be operating the new 99 service which will provide staff, patients and visitors with an excellent 30 minute service connecting the two hospital sites. The new vehicles provide plenty of comfortable leather seating, as well as WiFi and device charging. We are delighted to be working in

partnership with Gloucestershire Hospitals to deliver this new enhanced service."

The new 99 shuttlebus serves Gloucester City Centre, a new Park & Ride stop in Cheltenham as well as stops in Cheltenham Town Centre. The aim of incorporating these new stops to the service is to enable staff and patients from all over the county to easily connect with existing local bus and Park & Ride services (including Cheltenham Racecourse routes D and E which run every 8-10 minutes) into the town centres.

More information, including timetables and FAQs, can be found on the Travel and Parking pages of our website.



## Service details

**Key benefits of the newly revised service include:**

- ✔ **More bus stops:** Under the new arrangements the number of bus stops has increased from five to eight
- ✔ **New bus stop at Arle Court Park & Ride:** Direct access from the M5 motorway to our two main hospitals in Gloucester and Cheltenham which has the potential to reach a greater number of passengers, helping to better manage traffic flows into and out of each and reducing emissions (*please note this P&R service is subject to a £1 fee which includes parking at the site and travel to and from the facility – no permit required, just a staff ID badge*)
- ✔ **Bigger buses:** More staff can travel to and in between sites, particularly during the rush hour
- ✔ **Extended operating times:** The new service operates from 6.35am – 7.50pm, five days a week (Monday to Friday).
- ✔ **Track your 99 bus facility!** Visit our intranet for more information on this



# Staff stories: Healthcare Science series

## Focus on Microbiology

**Microbiology is the study of samples for the presence of bacteria, viruses and fungi that might be causing an infection.**

The range of samples we test at our hospitals is quite varied; from urine and swabs to nail clippings and hair. We test about 400,000 samples every year and have staff working every day processing samples and reporting results.

The lab is currently working towards achieving ISO15189 accreditation. This means our Microbiology team had a team of external assessors with them for three days in July, auditing every part of our service. This is quite a rigorous process and will eventually mean that we are accredited to an internationally-recognised standard.

*"We test about 400,000 samples every year"*

**We spoke to Laboratory Manager Jon Lewis to find out more about the services they provide in the lab:**

"Some of the most important work we do is investigating the serious infections such as meningitis and septicaemia. We investigate these cases on a daily basis and regularly liaise with the ward doctors to make sure the patients are on the correct treatments.

"We provide some of the key infection control services to the Trust, checking



samples for the presence of Clostridium difficile, norovirus, influenza and MRSA. All of these infections represent a significant challenge for hospitals, and we are happy to play our role in helping to manage them.

"We are always looking for new technology to improve our services. Over the years, we have introduced new methods that allow us to look for the DNA of bacteria in patient samples. These are similar to the methods used in forensic labs and mean we can provide results that are faster and more accurate. Alongside the newer technology, we still use more traditional methods such as agar plates and Bunsen burners. We use approximately 400,000 agar plates every year."

**How did you get into this specialism and what do you like best about your role at our hospitals?**

"Working for the NHS means you get to see a wide range of infections. We can

be testing routine urine infections one week and then looking for food-poisoning infections the next. Over the summer months, we get to see some interesting cases of infections (including worms and other parasites) that patients have picked up during their holidays overseas. Sometimes the work is quite routine, but other times you need to do some detailed investigatory work to identify what might be causing an infection."

**Which staff groups around the Trust do you work with most?**

"We work regularly with the Infection Control team, helping them to investigate outbreaks and manage ward closures throughout the year. We also work closely with our colleagues in the Genitor-Urinary Medicine team to improve the testing of sexually-transmitted infections in the local area. We report thousands of results every day to doctors and other healthcare professionals in the hospitals and the GP surgeries."

**If you could tell our staff one thing about what it is you do here, what would it be and why?**

"The most important piece of advice we could give to people using our service is to make sure all the relevant clinical details are given on the request forms. We will often look for more unusual infections if the patients have been abroad recently or been an inpatient recently. We'll also look for other information such as occupational risk factors and underlying conditions."

"Our Microbiology lab is open between 8.30am and 5pm every weekday and we have teams of staff providing urgent cover at night and weekends."



For more information about the lab and the services they offer, visit the Pathology pages of our staff intranet.

## Staff stories: Healthcare Science series

### Focus on audiology

**Audiology is the science of the physiological measurement of hearing and balance mechanisms and includes the care of patients afflicted by hearing disorders.**

The Hearing Services department serves a population of over 608,050 and approximately 40,000 hearing aid users. Gloucestershire's population of over 55's currently makes up 32% and it is estimated that by 2031, this age group will represent over 39% of the total population.



*"We test patients of all ages and offer rehabilitation care"*

The department is based at Gloucestershire Royal Hospital and Cheltenham General Hospital, however, because the County is deemed as being semi-rural, the team have worked hard to deliver services to as many local communities as possible, providing selected Audiology and Hearing Aid Services in seven areas and battery provision in twenty-seven sites across the county through partnership working with local health providers and charities.

We spoke to our Head of Hearing Services Anne-Marie Boisriveau-Mitchell to find out more about the services her team provides:

"We test patients of all ages and offer complete rehabilitation care packages which

can include the fitting of hearing aids if appropriate. We also provide therapeutic support for hearing aid users for the rest of their life and work in close collaboration with our ENT colleagues, as well as Paediatricians by providing a diagnostic service to both.

"As an audiologist, your typical day might include deciding on the best way to test a patient's hearing, adapting tests to suit the age and ability of the patient, checking hearing (including sound level and frequency range) or investigating any related medical, physical and emotional symptoms.

"Once we've made a diagnosis has been made, we'll put together a rehabilitation plan, which could involve assessing patients who are suitable for cochlear implants or bone anchored hearing aids, producing ear mould impressions, fitting hearing aids and making changes to ear moulds, teaching patients how to use the prescribed hearing aid as well as repairing

faulty hearing aids. "We can also help by increasing hearing ability by teaching lip-reading or other communication skills and giving patients information and advice on how to manage their condition. We also manage patients with dual sensory loss (hearing and sight) or learning disabilities."

Audiologists' duties can also involve hearing therapy, specialist rehabilitation clinics, training audiology students, providing health workers with tailored hearing education courses or training, specialist diagnostic testing, balance testing, tinnitus management and paediatric assessment and hearing aid provision.

Anne-Marie adds: "No two patients are the same and, within the same day, you could be performing all sorts of antics whilst trying to test a very active toddler, or you could be having to use your better clinical judgement to fit an elderly patient who suffers from dementia and is not able to give you hearing thresholds.

*"You could be having to use your better clinical judgement"*

"The Audiology team is a very dedicated and dynamic bunch! As an old-timer myself, they keep me on my toes! They are extremely passionate about their patients and the service we offer and it is a pleasure to work with them.

"We are waiting for our six new recruits to join the ranks and this should prove an interesting time as five of the six new team members are newly-graduated audiologists, fresh out of university. Their enthusiasm for starting their career is genuine and we cannot wait to welcome them into the Trust."



# STAFF AWARDS 2017

cheltenham and gloucester hospitals charity  
at the heart of our community



## Sponsors make the difference!

**The Cheltenham and Gloucester Hospitals Charity is proud to support the annual Staff Awards Ceremony.**

Our hospitals charity raises funds to create the best possible care for patients and their families through the provision of extra care, equipment, research and staff training over and above that provided by the NHS.

We would like to thank those local

businesses who have chosen to sponsor the awards ceremony this year.

For the first time our charity have been directly involved in the staff awards, contacting local businesses to see if they would like to play their part in celebrating our fantastic staff at the annual awards. Each of the companies here has been very generous, and we're very grateful for their support!

## The main event

**The awards took place on 21 September, so look out for a full round-up of the winners in next month's edition.**

HR Director Dave Smith says:

"As well as our own awards, over the course of every year, so many other staff win awards in their fields, present their work at prestigious events, pass their knowledge on to others and use their skills when volunteering for organisations both in this country and across the world. There are too many to mention here but their contributions and sheer hard work are very much appreciated."



Chief Executive Deborah Lee says:



"Despite this year being an especially challenging year for the Trust, the determination and commitment of

our staff has shone through.

"Our shortlisted candidates and winners have all demonstrated the qualities we most value – from care and compassion through to excellence and innovation.

"I take great personal pride in being a part of this celebration and having the opportunity to work alongside these colleagues who have showed us all what the very best of the NHS looks like."

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## Staff on Avening say 'Cheers ears'!



Sue Macklin with her team

**Susan Macklin, new Senior Sister on respiratory ward Avening is bringing innovations from her previous post in ITU. The latest of these is a pressure ulcer initiative they're calling 'Cheers Ears'.**

Designed as an improvement and patient experience project, the initiative sees their cohort of patients have their particular needs – pressure ulcers around the ears caused by wearing oxygen masks – addressed. Respiratory patients, particular those that need high flow nasal oxygen, are more prone to getting pressure ulcers in any case due to reduced circulation and oxygen levels.

*"Their cohort of patients have their particular needs addressed"*

For each patient, a laminated sheet about the initiative together with a 'how to' guide to how to avoid this – is produced. This is to ensure that when bank and agency nurses are on the wards (which is a frequent occurrence), they are prompted to understand visually what is required. One

of the key elements of both this and the teaching that Sue has been offering is to apply dressing both to the both to the ear cleft and to the mask straps themselves, giving a double opportunity for protection.

Sue says, "We are determined to improve patient safety on the ward and these simple measures will help to give our patients a better experience.

"We're all committed to delivering the best care to all our patient, and minimising harm caused by treatment is a key element of this."

Launched in July, the improvement project and action plan will be evaluated in 3 months' time to have the effects monitored. Learning from the Cheers Ears project can then be shared with other wards and departments that may benefit.

## Smart pumps for smart staff

**Ageing Graseby and Arcomed syringe pumps, available from the equipment library, are steadily being replaced with Fresenius Kabi 'Agilia' smart pumps.**

Modern software has enabled the introduction of new ways of infusing injectable medications more safely. Keen to utilise these risk reduction strategies, efforts were taken to carefully configure the pumps to promote safer use, as Medical Equipment Specialist Nurse, Marie Williams explains:

"Several inpatient areas were approached for information about how they used the pumps and what drugs were commonly infused. This really helped when considering what changes to address.

"Historically, paediatric inpatients told us how they had to carefully work with the old devices that were generically set up to accommodate adult settings. The new pumps now offer a paediatric profile that seeks to prevent extravasation injuries in children by way of real time pressure monitoring and history option.

"Tackling the potential of administration errors has resulted in the availability of



a drug library. It has been designed to target three of the most commonly used intravenous drugs where a syringe pump was requested by the wards. This smart technology employs Dose Error Reduction Software (DERS) that will run the selected infusion within safe programmed limits. If the user sets a rate outside the safe parameter, an alarm will sound or the pump will not allow it to start."

Staff training commenced at Gloucestershire Royal Hospital on 11th September and moves over to Cheltenham in November. It will be carried out in the relevant ward settings until 70% of nursing staff are trained.

## Combat Norovirus

**We are supporting a county-wide NHS campaign to help stop the spread of Norovirus, protect vulnerable patients and support NHS services this winter and are preparing to formally launch the campaign next month.**

We are asking members of the public to work with us and to follow advice shared on 'Combat Norovirus' banners,

posters and leaflets at hospitals and doctors surgeries across Gloucestershire.

Leaflets for relatives, explaining how to protect vulnerable patients will be handed out by healthcare staff and campaign information and resources are now available on NHS Gloucestershire Clinical Commissioning Group's website as well as our staff intranet from next month.

## 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 August and September. If you recognise a team or colleague who's included, please pass these wonderful comments on to them.**

### NHS Choices:

**Deb:** We have just spent a couple of days in hospital unexpectedly so that our 11 year old son Max could have surgery on his leg. Each and every staff member was helpful, friendly and skilled, nothing too much trouble, and they cared for us just as well as Max. We are lucky to have such highly skilled professionals and an NHS.

*"I was absolutely amazed by all the staff on duty"*

**Jo:** I attended for a colonoscopy in the endoscopy dept on 20 August and I can honestly say I was absolutely amazed by all the staff on duty including the consultant. They were so kind, gave me information

at every stage and lots of laughter which made me feel so relaxed. I have nothing but respect for every single person involved in my short stay yesterday. I was given a cup of tea and ginger biscuits afterwards which was extremely welcome after not eating for 24 hrs. Please pass on my congratulations to a wonderful team.

### Facebook:

**Catherine:** Just want to say a big thank you to all the nurses, anaesthetists and other staff on the day unit who took care of me so well yesterday. I got there feeling so nervous but they were all lovely, their friendly manner, kindness, patience and their care and understanding were excellent. Very impressed with your hospital which was nice and clean too! Would rate it 10 out of 10, thanks again.

**Laura:** A long wait, but it was a Saturday night and the start of a sports season so all of the injuries were coming through! However the staff could not be more helpful, just a shame that they have to take the abuse of people that think their issues are more important than others.

**Mark:** The staff are under so much pressure and yet still find the energy to smile and treat every patient like kings. All my admiration to the dedication and skill those people have.

**Margaret:** Excellent care from the doctor and advice given on my choices. Also solved a problem that I've had for more years than I care to remember. Very grateful.

*"What a brilliant team, thank you so much"*

**Tracey:** Went in to have minor surgery with the Dermatologist Dr Takwale and her team. They were all amazing and made me feel so at ease at this anxious time. What a brilliant team, thank you so much.

**Christina:** I cannot praise CGH and particularly the A&E Dept highly enough. They were all very thorough in their investigations and very reassuring at each consultation, explaining each procedure in a very caring way. Rest assured you will receive top class care and treatment here.

**Ian:** For those scheduled to visit GRH Day

Surgery Unit, I hope the info below helps with any worries they may be having... Yesterday I attended the day surgery unit to have four teeth out. Checked in at 0745, was shown to bed by reception staff and then my nurse Catherine introduced herself and did pre-op checks. Very friendly and efficient. Anaesthetist was next and then my consultant prior to op. All very professional and friendly. Was taken to operating theatre at 1045, was back in ward at 1245. Can't praise all of the staff enough. Painkillers provided have kept the discomfort to a minimum. From my personal experience, this was the best the NHS provided and they without exception were brilliant. Thank you.

**Claire:** I was in chelt recently having an op on my elbow. I couldn't fault my experience at all, from the staff in the admission suite and the theatre staff through to the Alstone ward staff. I was extremely nervous but was put at ease with their kind and friendly manner. Alstone were great, nothing was too much trouble, they were kind and patient and really looked after me when I came round in so much pain. They are all worth their weight in gold. Well done to you all.

### OUR PATIENTS: *in their own words*

**The department was extremely busy with 23 people waiting to be seen. Although I was in a lot of pain and discomfort I could see that the staff were working very hard to treat everyone as quickly as possible. I was seen and treated within just over 4 hours.**

**The nurse practitioner was fantastic and very caring despite being under a lot of pressure. A follow up appointment was made in the fracture clinic where I was seen and dealt with before my appointment time which is just amazing. We are very lucky to have such caring nurses and doctors.**

## Ward manager takes on channel swim

**Last year Ward Manager Julie Capper rose to the challenge of Masterchef by using her culinary skills to make it to the final twelve in the show's knock out stages.**

Now Julie is taking on a new challenge: swimming the equivalent distance of the Channel to France to raise funds for Cheltenham and Gloucester Hospitals Charity's new Dementia Appeal.

Julie is swimming lengths of her local pool throughout August, before or after working her shifts at Cheltenham General Hospital's Woodmancote Ward, as Julie explains: "This is a mammoth challenge for me I need to swim 2772 lengths to complete the 21 miles.

*"Swimming this distance will be tough but I really want to help"*

"I am not a regular or proficient swimmer so swimming this distance will be tough, but I really want to do all I can to help raise awareness and funds for our Dementia Appeal.

"Providing the best possible facilities for our dementia patients is incredibly important, so I wanted to get right behind the appeal and thought the swim would be a great way to help launch it.

"I'm hoping as many people as possible support our fund raising and help us to make a difference for our patients."



It is estimated that over 9,000 people are living with dementia in Gloucestershire, with one in three people aged over 65 now expected to develop dementia.

The appeal will fund new equipment and projects which can make the most impact; from dementia friendly clocks, which help to orient patients, to creating dementia-friendly nostalgic areas within wards to provide an environment where patients feel calm and secure.

One of the Charity's priorities is to fund ten new 'Reminiscence Therapy' devices which use new technology to enable staff to help patients communicate and to be as active as possible. The hospitals' first therapy device was funded by the Friends of Cheltenham Hospital, enabling staff on Woodmancote Ward to pilot the scheme. The aim is to now provide more of these machines.

Head of Fundraising for Cheltenham and Gloucester Hospitals Charity, Richard Smith: "Cheltenham and Gloucester Hospitals



have an increasing number of dementia patients, so we have launched this appeal to help transform the environment and experience of care that we offer our patients, as well as helping their friends and families as they support their loved ones.

"Julie's swim is an incredible challenge, but having reached the final stages of Masterchef last year I know she is incredibly determined and the funds raised will make a direct impact for our patients."

To support Julie's swim, or to get involved in the Dementia Appeal by fund raising or volunteering, people can visit the



Hospitals Charity's website [gloshospitals.nhs.uk/charity](http://gloshospitals.nhs.uk/charity), call 0300 422 3231 or email [fundraising@glos.nhs.uk](mailto:fundraising@glos.nhs.uk)

## Make a will month

**Making a Will is such an important thing to do, yet many of us don't have one.**

Your Will enables you to ensure your wishes are followed when you are no longer here, and also provides an opportunity to leave a lasting legacy to the people and causes you really care about. This October, Cheltenham based Ladders Solicitors are getting behind their local hospitals by offering to create or update a Will free of charge, in return for a donation to Cheltenham and Gloucester Hospitals Charity.

"It is important to have a professionally written and up to date Will to ensure that your wishes are carried out and to

ensure that there are not issues for loved ones if you should die without a Will, or one that is not valid and up to date. It is also a good opportunity to consider causes that are close to your heart and we are delighted to be supporting our local hospitals with Make a Will Month," says Jessica Beddows of Ladders Solicitors.

This is the perfect opportunity to make your Will and also support our charity by donating £100 for a standard Will or £150 for two 'Mirror Wills.' Places in October will be limited and given on a first-come first-served basis, so to book your place please contact Richard Smith, Head of Fundraising on [fundraising@glos.nhs.uk](mailto:fundraising@glos.nhs.uk) or 0300 422 3231.

## New website and intranet

### Work is now well underway on designing and building our new website and intranet.

Over the summer we completed our discovery phase. Thank you to everyone who took the time to complete the testing and surveying work we carried out both online and face to face. The findings of this research have helped us prioritise and organise our content, to make sure the information you're looking for is as easy to use as possible.

*"We have agreed a set of priorities to help guide us"*

We have also agreed a set of priorities to help guide us as we develop our sites and keep us focused on what we set out to achieve:

- › Focus on information, not impression: Our primary function is to provide a service. This should take priority over aesthetics
- › Be mindful of the overheads: Reduce the burden by not creating unnecessary content. Avoid duplication by linking to verified, reliable sources like NHS Choices
- › Be consistent, without being restrictive: Enable editors flexibility through components instead of unrestricted visual styles
- › Responsible use of resources: Reduce costs by investing only where a user need validates it or a business case supports it
- › Start with users and be clear about the process: Don't assume you know what works for the user. Use research



and data to evidence and document our approach, explain how we make decisions and where we focus our effort

- › Use short, readable, plain English: Be mindful of the audience, keep content short and simple. If an acronym can't be avoided, link it to a definition
- › Take a low tech solution: Aim for good first, not perfection, then iterate and improve it
- › Aim for simplicity: Less is more, being disciplined will result in a simpler and more management outcome
- › Photography must serve a purpose: Use photography only where it's instructive or necessary to evoke an emotional response.

If you have any questions about this project please contact [Alison.warren2@nhs.net](mailto:Alison.warren2@nhs.net)



### The big picture

Staff from ward 7A with Jean Tucker.

# Involve

SEPTEMBER 2017

Absolutely faultless care today at Cheltenham General Hospital, staff were so attentive and professional 10/10 @gloshospitals

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Karen, Twitter, 29 August 2017

