



Helping you live the life you want

whether you are an older person or care for an older friend or relative

WRVS helps over 100,000 older people every month to stay independent at home and active in their community through over 2,000 locally provided services, such as befriending, community transport and Home from Hospital support.

"The service is absolutely brilliant; it has totally altered my life."

Michael, 76, is housebound and uses the WRVS Scottish Borders Rural Transport Service If you need help or know an older person who needs help or if you would like to volunteer or make a donation, please call **0845 600 6553** or visit **wrvs.org.uk**



WRVS
positive about age practical about life

Welcome



Charlie (7) brushing up his technique - see page 6

The RUH is well on its journey to becoming an NHS Foundation Trust and we're committed to developing and involving our members every step of the way.

Since March last year, 3,763 local people have signed up to become members of the Trust, which is a very encouraging start and illustrates the level of interest amongst local residents in their hospital. This number will have increased by

the time insight is in print. You can find out how to become a governor, and read about the latest 'Caring For You' event for Foundation Trust members on pages 8-9.

Strokes are sudden and their consequences can be devastating. In this edition of insight you can remind yourself of the FAST test, a simple assessment of the three specific symptoms of stroke, which anyone can carry out, and share in one patient's experience of the stroke care he received at the RUH. You can also find out more about vital clinical research into stroke. See pages 12-13.

We also tell you why staff have been awarded a 'Gold Charter Mark' for ensuring the care for people with dementia is the very best that it can be. See page 5.

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You can send your articles for insight via email to anita.houlding@nhs.net or communication@ruh.nhs.uk or you can send a paper copy via the internal mail.

Deadline for copy for next issue is **30 April** for publication early in June.

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Carers help improve hospital experience

A joint initiative between the RUH and the Carers' Centre aims to benefit staff, patients and their carers during hospital stays. A Carers' Resource Pack has been created, which contains vital information to help staff understand patients' needs and improve their experience at the hospital.

Neil Drinkwater from the Carers' Centre explains. "Carers are telling us that when a loved one goes into hospital, they want to be more involved in the decision-making around their care. The Carers' Resource Pack contains a questionnaire to be completed by the carer with useful information about the patient. This will help everyone work together and communicate more effectively as a team."

The Carer's Centre supported staff at the RUH in obtaining feedback from carers about how it could improve, and the Carer's Resource Pack, part of a range of collaborative services, was developed as a result. A Carers' Officer, also based at the hospital, will visit patients on wards to provide their carers with information and advice



about services that could help them.

"We are constantly finding new carers from across the region at the RUH," added Neil, "Looking after someone who is frail, ill or disabled can mean giving up work, struggling financially and damage to health for carers. They often don't realise there is help and support available."

Dr Chris Dyer, Consultant Geriatrician at the RUH has been leading the launch of the new resource. He says: "We are

delighted to be working so closely with the Carers' Centre and recognise carers as expert partners in the treatment and care of patients. Admission is a worrying time for vulnerable patients and their carers - the Carers' Resource Pack will help to ensure we understand their needs more clearly. We think this will be a big step forward."

To find out more about their services, you can contact the Carer's Centre on 01761 431388, or visit their website www.banescarerscentre.org.uk



Cabinet **meeting**

Hospital Chairman Brian Stables and Chief Executive James Scott, recently met cabinet members from Wiltshire Council and showed them around the hospital.

The meeting focused on how the hospital and council would work together in the future, and particularly how they would concentrate on developing services for older patients with complex needs.

Gold standard dementia care

"We're so proud that our striving to do the very best for our patients is being recognised, it's a real boost" says Terri Bolton, Senior Sister on Midford Ward.

Terri is talking about Midford ward's recent success in achieving a Gold Charter Mark for the care they give to patients with dementia.

The Charter Mark Standard has been developed with the voluntary organisation Alzheimer's Support. It is the first such scheme in the UK and provides a 'gold standard' for staff to ensure care for people with dementia on all adult wards, not just those specifically for older people, is the very best that it can be.

Caring for patients who are poorly but also have dementia brings a different set of challenges to the staff, and they are adapting to the needs of these patients as well as making sure their acute illness is properly treated.

Part of the Charter Mark assessment included how we ensure our dementia patients remain nourished and are drinking enough, and how we assist them in finding their way around the ward.

Regular comfort rounds have been introduced involving several visits to each patient to check and record such things as fluid intake, skin condition, if there is pain or confusion. Patients have protected (and assisted) mealtimes to help staff monitor what, and how much, a patient eats. Sessions, such as reminiscence therapy and music therapy are taking place and changes have been made to crockery and signage.

Staff are also listening to what patient's carers tell them; they know their loved ones better than anyone and their insight can prove invaluable.

Many changes have been made on the ward, some of these are more complex



- and it will take time to gather evidence that proves that they have long-standing benefits - and some seem simple, and early signs show that they are helping.

Sue Jacquens tells us about an experiment being carried out by the Occupational Therapists who are running a reminiscence group. "During the therapy the patients have the opportunity to come together, drink coffee and talk. The sessions are informal and they can take the conversation wherever they like. The other day I brought along my ballroom shoes and a glitter ball to help stimulate conversation, this in turn helped to trigger memories. Sometimes the memories are sad but it's important that they get the chance to discuss their worries and experiences, and the patients also give each other support.

"We've seen patients responding positively so far, which is a good sign and we leave the ward on a bit of a high. You learn so much about the patients and it's surprising what they talk about. We've had lots of positive feedback from the

staff about it but we need to do more work to formally measure the effects of the sessions on patients."

The patients are also benefiting from music therapy, which acts as a form of social inclusion, reducing loneliness and anxiety and alleviating boredom.

Terri says: "It can be difficult to cope with the hospital environment for many but for a patient with dementia, hospitals can be confusing and frightening. We're doing what we can to create a more positive hospital experience for these individuals, making it as stress-free as possible."

Mr George Bice from Warminster had reason to be grateful to staff on Midford ward, who cared for his wife, Florence: "I cannot fault the attitude of staff. They showed great compassion whilst we were there and I was very grateful for it. It was a traumatic time and I don't think Florence could have been in a better place. If I were a patient, I wouldn't want to be treated anywhere else but the RUH."

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Talking **teeth**

Hospital staff helped local children brush up on their dental care.

Staff from the oral surgery department visited 4 and 5 year olds, at Weston All Saints Primary School. The team took along a huge set of teeth that the children had to clean.

Lynn said: "If we establish good oral hygiene at a very young age and encourage children to get into the habit of looking after their teeth, chances are that, as well as helping to avoid associated health problems, they'll keep their own teeth well into old age."

Teacher Kevin Pratt said that the children thoroughly enjoyed the visit. "It was a great opportunity to develop the children's questionning skills. They thoroughly enjoyed Lynn's talk. It gave them a chance to engage with important people from our community in a safe environment, and helps to develop knowledge and understanding of the world around them. Thank you for such a great experience."



Saving heartache

A simple blood test for people suspected of suffering from heart failure could save unnecessary hospital scans and an anxious wait, thanks to a joint venture between an RUH cardiologist and GPs in Bath and Wiltshire

People with possible symptoms of heart failure and living in the Bath area, no longer need to be automatically referred to the RUH, where an echo-cardiogram or ECG may be carried out. Instead, GPs across Bath and North East Somerset. will now offer a blood test which will then be analysed for an enzyme. This enzyme, B-Type natriuritic peptide (BNP), is present in the blood stream only if the muscles of the wall of the heart are put under significant strain. Patients will then be given their results within 48 hours. Only if the blood test is positive will an ECG be carried out at the RUH.

It is estimated that this type of treatment will benefit about ten patients at every GP practice within the NHS Bath and North East Somerset (BANES) catchment area. It has also been estimated to save the NHS locally up to £60,000 a year through better use of resources.

Consultant Cardiologist, Dr Jacob Easaw and GP, Dr Ruth Grabham from Newbridge Surgery in Bath, worked closely together to create this new diagnostic service for patients. Dr Grabham is the Clinical Director of the new clinical commissioning group established in BANES, which will take over local health and care planning from the primary care trust when it's abolished in April 2013.

"We want to use this opportunity of clinically-led commissioning to improve services for patients,"



Dr Ruth Grabham, Dr Jacob Easaw and Cardiac Specialist Nurse Catriona Glen with Mrs Mary Hudd.

said Dr Grabham, "This new way of diagnosing heart failure will significantly reduce anxiety for a lot of patients. Now, a simple blood test could rule out the problem in a matter of days. A blood test is also much cheaper than a hospital outpatient appointment, so this new service shows it is possible to change services, improve patient experience and save money all at the same time."

Dr Easaw commented, "This partnership will lead to improved early diagnosis of heart failure and this means, as cardiac specialists, we can focus more of our attention and resources on those patients who need our skills the most. We will see high risk patients earlier than in the past which means treatment can be more effective. It also avoids unnecessary scans and worries for those people

who the blood test shows do not have heart failure."

One patient who has benefited from the cardiac services at the RUH is Mrs Mary Hudd from Bath. Mary suffered heart failure and was a patient here last year, she was very positive about this new blood test. "It sounds an excellent new service and I am sure many people will benefit." Mary was quick to praise the attention she received from our specialists: "I was seen and treated really quickly and throughout my stay I felt guite cossetted. The nurses are fantastic and really took care of me. I'm feeling very well, no more breathlessness, I've even been travelling abroad. I've got nothing but praise for the staff at the RUH, they really are excellent."

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Our Future as an **NHS Foundation Trust**

The RUH is well on its journey to becoming an NHS Foundation Trust and we're committed to developing and involving our members every step of the way.

Since March 2011, 3,763 local people have signed up to become members of the Trust, which is a very encouraging start and illustrates the level of interest in our hospital. This number will have increased by the time insight is in print.



Signing up

We're going all out to sign up 5,000 public members by the 1st June 2012. If you're already a

member, you can help us reach this next milestone, by encouraging others to sign up too. Membership is free and you need to be 16 years of age or over.

There are a number of ways you can sign up to become a member. If you come to the hospital, you will see members of Team Purple who can help you, or you can sign up online, send us an email, or contact the Membership Office.

Getting involved

As a member, you are in an excellent position to tell us what you think - your views are important to us - and there will be lots of opportunity to share them with us at the 'Listening to You' forums we are planning.

These forums will enable us to consult with you on any future developments at the hospital, and will also allow you to share with us your views on issues

that may affect you.

You can choose to be involved as little or as much as you like. You may wish to read about us by receiving a regular newsletter, or be pro-active and take part in any discussion forums or surveys. You may even want to stand for election and become a Governor. However you choose to be involved, don't delay, please sign-up today.

Stand for Election

We need enthusiastic and committed people to help us shape our future by standing for election to our Council of Governors. Elections will be held later this year.

As one of 11 elected Public Govenors, you will sit on the Council of Governors alongside five elected Staff Governors and five appointed Stakeholder Governors from partner organisations. As a member of the Council of Governors, you will hold to account the Board of Directors for the Trust's performance and advise on its future development.

If you have used our services, your experiences will be invaluable and as well as representing your own views, you will represent the views of people in your community, so why not consider putting yourself forward for election as a governor for your area?

We have compiled an information booklet for members who are

interested in standing for election as a Governor. You can obtain a copy by contacting our Membership Manager Roxy (pictured left).

We are also hosting a number of information sessions (see dates for diary below). If you wish to attend, please contact Roxy.

Even if you do not wish to stand for election, all members have a right to vote for their preferred candidate. Make the most of your opportunity by ensuring you vote when the time comes. Voting packs will be sent out to all members' home addresses.

Dates for the diary

Monday 23 April at 3pm

Thursday 26 April at 6pm

Friday 3 May at 9am

All sessions take place in room C, RUH Education Centre

Do we have your correct details?

As a member, your address determines the constituency to which you belong, so it is important that, during public governor elections, all our public members are registered under the correct constituency. If your details have changed please call the Membership Office. Also, if there is more than one public member in your household, then please let us know if you would like to receive more than one copy of any correspondence.

How to contact us

Membership Manager Roxy Poultney: 01225 821299

Email: ruh-tr.foundation-trust@nhs.net

Website: www.ruh.nhs.uk/foundationtrust

Caring for you

The Caring for You events are an opportunity for both public and staff to learn more about the RUH.

The first Caring For You event, called 'The rise and fall of the superbug', was a great success. Over 50 public members came to hear from our Infection Control team, who spoke about the progress we've made to reduce MRSA and C.difficile, and the impact that the diarrhoea and vomiting bug Norovirus has on the hospital. A lively question and answer session followed. Members told us that they found it interesting and informative and that it gave them a feeling of confidence in the hospital.

The second session, called 'Imagine Beating the Winter Blues', hosted by our staff counselling service manager Cindi Bedor, focused on Seasonal Affective Disorder (SAD), a type of depression that has a seasonal pattern.

Cindi says: "The winter blues affects millions of people each year across Northern Europe. Many people struggle to maintain their energy levels, concentration and mood as the days grow shorter.

"A smaller proportion of the population experience these symptoms severely, and they may be suffering from Seasonal Affective Disorder (SAD), which is now recognised as a medical condition.

"The precise causes of SAD remain unclear, but the key is a deficiency of natural light. Most of us work indoors with artificial lighting and sometimes without windows, and we also travel to and from work in the dark, so we have much less exposure to daylight. There is much more understanding of the role that natural light plays in regulating the human body clock, and the impact of light deficiency on the body's natural rhythms. People who experience symptoms of low mood, reduced levels of energy and concentration, fatigue,



overeating or increased sensitivity to stress every winter are encouraged to talk to their GP."

Many people feel they have to either battle through or hide from winter, but we would say to anyone affected by SAD or the winter blues to:

- accept that this is a condition and it is not your fault or a weakness
- be kind and revise your expectations of yourself
- take it seriously, start early and put measures in place to support you through the darker months
- get outside into the daylight, even on a cloudy day and even if only for a few minutes
- consider the options of bright light therapy, talking treatments, and anti-depressants – along with other measures that promote well-being.

During that session, we met Nick Banfield from Trowbridge (right), who shared his experience of SAD with us. Although Nick has had Seasonal Affective Disorder since his late teens, it has been exacerbated by depression and has become more of a problem in the last five years.

Nick said: "I suffered two breakdowns in the winter months and was having counselling. It was my GP who spotted a recurring pattern and diagnosed SAD.

It's worse from around mid-September to March, when I'm lethargic, I can't summon up the energy to do things, I lack motivation and lose my appetite
- I get very frustrated and I feel bad
about myself.

"The nature of SAD makes it very hard for people to understand and often it's difficult for the sufferer to convey their emotional state. It can be a relief to speak to someone else who has SAD, they understand how you are feeling and you realise that it's not that uncommon.

"I'm really lucky that I've got a great friend, Bob King, to turn to. He knows me really well, and has been unstinting in his support. I also have really good support from both my GP and the Wiltshire Mental Health Care service.

"I take medication throughout the winter, which helps - though I don't need it in late Spring and Summer – but there is no magic wand or panacea to make it better, you just have to try everything and if it work's it's a bonus and if it doesn't, move on."





Caring for women at the RUH

Most women at some time or another in their lives will need to seek gynaecological advice. At such a time, they'll need lots of reassurance, kindness and professionalism. The gynaecology outpatient department at the RUH provides all of that and more.

Sister Kate Palastre, who manages the department, says: "As well as the general gynae clinics, we run additional services such as the early pregnancy clinic, which is a walk-in clinic for women who are between 6-14 weeks pregnant and who are experiencing problems.

"We hold a colposcopy clinic and patients are referred to this clinic if abnormal cells are found following a cervical smear. The colposcope enables us to see and examine the cervix.

"We carry out minor surgical procedures that may previously have needed admission to a day surgery unit, such as a hysteroscopy. A hysteroscope is a camera that allows us to look inside the womb to investigate abnormal bleeding. We are also one of the few hospitals to perform microwave endometrial ablation as an outpatient service - this technique uses microwave technology on the lining of the uterus to reduce heavy periods.



Cancer Nurse Specialist Jane Dale

"The gynae oncology (cancer) service holds a number of clinics in the department. Patients who are referred by their GP because they are worried about post cancer symptoms must be seen within two weeks, and we're proud that we're meeting that target by 100%. We also have a rapid access ovary clinic, where we see patients who have symptoms to indicate possible ovarian cancer. They'll come in at 2pm, we'll do a scan, and take blood, fluid and cell samples, which are analysed in the laboratory at the hospital, and patients are home by 6pm with a diagnosis. It takes careful planning, but it's an excellent service and the quick turnaround time is very important to an anxious patient who wants to know what they may be facing.

"The gynae emergency assessment clinic (known as GEAC) takes place every week-day afternoon. GP's can refer patients with gynaecological problems that need urgent attention and who would otherwise have to attend the Emergency Department. In GEAC the patients have immediate access to specialist care and investigations such as an ultrasound scan.

"We care for women of all ages in our clinics and saw 13,196 patients in this last year. Our patients often come to us very frightened about what will happen to them or what they will be told. It's very rewarding and we know that we've got it right when they thank us for helping to make the whole experience much less frightening for them.

"We are a small and very friendly team of nurses who have a wealth of experience in women's health care, amounting to 200 years collectively. It is this, along with their loyal commitment and passion for caring for women with gynaecological issues, which allows us to provide excellent care in a flexible way."



Cervical Cancer screening

Women in the region are being urged to take control of their own health by making sure a date for a cervical screening test is firmly in the diary.

Mr Russell Luker, Consultant for Obstetrics and Gynaecology, says: "Cervical cancer is one of the most preventable of all cancers, and having a regular cervical screening test can reduce your risk of developing it by 90 per cent."

Cervical screening is not a test for diagnosing cervical cancer. It is a test to check the health of the cervix, which is the lower part of the womb. For many women the test results show that everything is fine, but for one in 20 women, the test shows changes in cells that can be caused by many things. Most of these changes will not lead to cervical cancer.

"Investing a small amount of time in having a regular cervical screen could save your life. Conditions that could develop into cancer can be spotted early on so it can be stopped before it



Consultant Mr Russell Luker

even gets started."

Importantly cervical cancer may form without any warning signs at all. The condition which precedes the onset of cancer may be present for up to 10 years, which is why a simple smear test is so effective to avoid this devastating disease.

Around 900 women die of cervical cancer in England each year. However, many of those who develop it have not been screened regularly. Not going for cervical screening is one of the biggest risk factors for developing cervical cancer.

Regular cervical screening tests every three years are recommended between the ages of 25 and 49, and every five years between the ages of 50 and 64.

If you think that you have missed a smear then contact your local practice, who will check your records and make an appointment if you need one.

I survived Cervical Cancer

Tania Pascoe was diagnosed with cervical cancer when she was 34.

She explained: "I was 27 weeks pregnant and had been feeling great, but this particular day I'd been having pains and after speaking to my own midwife, I went to the RUH as a precaution to check everything was OK.

"They examined me to make sure all was well with the baby and it was, but tests revealed something they weren't happy about. I had to stay in hospital that night and saw a gynae specialist the next morning. Although some further checks were required, I was told that it was most likely cervical cancer. I went home feeling so scared for my baby. That night as I brushed my teeth all I saw in the mirror was a healthy, blooming pregnant woman. I couldn't process the idea of the 'C' word.

"The next morning, less than 48 hours since I'd first been seen, I was being examined by Consultant for Obstetrics and Gynaecology, Mr. Russell Luker. Cells were taken for lab analysis and they later confirmed that I had stage 2 adenocarcinoma. My parents and my husbandto-be were with me at the time thankfully, as it's hard to take in the information and ask the right questions in the moment.

"Mr Nick Johnson, my wonderful surgeon, NICU staff, my family and I met to discuss options. The health and development of my baby and my own health needed to be balanced against stopping the cancer developing. Suffice to say it was incredibly difficult for me when considering all of the associated risks. The doctors were open with

us and very supportive, even when we sought a second opinion on the recommended treatment, ultimately all the specialists consulted agreed the plan was the right one.

"So Rose, our daughter, was delivered by Caesarian section at 30 weeks, ten weeks early, and was cared for in NICU, and I was immediately given a radical hysterectomy. I stayed focused on an image of my baby and me together; it gave me strength and hope. I couldn't think about the operation, or the cancer, or the fact that I would never have any more children, not then.

"Throughout everything, my care by staff at the RUH has been, and continues to be exceptional. My family and I were also incredibly supported by the Macmillan nurses; they were full of facts and information and they were always accessible.

"Rose is now 6-months old and starting to eat and smile. She is known as our miracle baby by friends. If I hadn't been pregnant with Rose we're not sure that we would have discovered the cancer when we did."





Vital clinical research

Volunteering for clinical research is the most generous thing that one patient can do for another, and patients at the RUH are helping staff to carry out vital clinical research that may ultimately benefit future generations.

Patients are helping our research nurses to find out more about the causes and treatment of stroke, which is the third most common cause of death in the UK, after heart disease and cancer.

The research nurses are part of the stroke team at the hospital who are also part of the South West Stroke Research Network involved in several national and international trials.

Senior Research Officer for Stroke, Barbara Madigan (above left) says: "We are a very active stroke research department with a comprehensive portfolio of studies.



"We are pleased to be able to offer patients the opportunity to participate in clinical trials, which gives them access to new and innovative treatments. These clinical trials are so important because the research will help us to improve healthcare by finding out which treatments work best.

"We are carrying out a number of studies which look into various aspects of the care and treatment of patients who have had a stroke, including improving recovery and preventing further strokes, as well

as looking for possible genetic causes of stroke. All the research is undertaken to the highest standard, ensuring the patient's safety at all times.

"Recruiting to stroke research trials is often time-critical; for acute interventional trials, there is just a brief window of a few hours in which we can recruit patients after they have been told of their life-changing diagnosis. As stroke patients often suffer from speech/visual/cognitive problems, along with limb weakness, this requires great sensitivity on the part of the research staff, and often it is the relatives who are asked to assent for the patient to take part in a trial.

"Fortunately for us, they are often keen to participate as they see the benefits for future stroke patients. It's also a chance for a closer follow-up after leaving hospital that might not be available otherwise."

TAKING PART

Helen Crichton (above right) is an advocate for clinical trials. She is currently involved in a prevention study, which compares a medication called pioglitazone with a dummy tablet (placebo) to find out if it lowers the risk of stroke and heart attack. The study follows-up patients over a four or five year period.

Helen suffered a stroke in August 2010: "I collapsed early one morning in the shower, fortunately my husband hadn't yet left for work and he heard my fall.

"I couldn't move down the whole of my left side. I couldn't see particularly well, couldn't hear or open my eye. Thanks to the FAST campaign, he recognised the signs of stroke and my son quickly called an ambulance.

"I was brought to the RUH and was given a CT brain scan. They discovered a blood clot and gave me a clotbusting thrombolytic drug very quickly. I responded well to this prompt treatment and I could walk almost straight away, my hearing came back quite quickly, but my speech was slurred for a little while. I was able to wash and feed myself too.

"I spent about a week on the acute stroke unit. At the time I remember reading in the paper that the RUH was amongst the top 10% of hospitals in the country for the quality of its stroke care – so I felt in good hands.

"I was lucky and recovered pretty quickly but I was shell shocked afterwards and it has taken time to learn to live with it and realise what I can and cannot do.

"I was asked if I would like to take part in a clinical trial before I left hospital. The timing was perfect. I didn't want another stroke and I didn't want anyone else to go through what I had been through, so my motivation was high. It's very easy and only takes about half hour of my time – there's no stress involved.

"The trials are beneficial for other patients in the future, and hopefully for me too, so don't be afraid to participate."

The FAST test

The FAST test is a simple assessment of three specific symptoms of stroke which anyone can carry out:

Facial weakness - can the person smile? Has their mouth or eye drooped?

Arm weakness - can the person raise both arms?

Speech problems - can the person speak clearly and understand what you say?

Time to call 999

Praise for our stroke care

Patient John Cridland praised our hospital's standard of care after returning back home just four days after suffering a severe stroke.

Mr Cridland (right) was at his daughter's home when he began to feel unwell, and when she came back she recognised the signs of a stroke and immediately rang 999. The 76-year-old was taken for a scan, which confirmed he was suffering a stroke and he was given clot-busting drugs (thrombolysis) within half-an-hour of his arrival. Just four days later, Mr Cridland was discharged home after making an incredible full recovery.

Mr Cridland says: "I felt like I'd had a very lucky escape. The care I received at hospital was amazing and I couldn't believe how quickly I was going home."

Mr Cridland's daughter Jo, adds: "Everyone should make themselves aware of the signs and symptoms of stroke as you never know when it



could happen to someone you know. The treatment my Dad received at the RUH was fantastic and we are amazed at the recovery he has made, which might not have been the case if we hadn't spotted there was something wrong with him."

The significant improvements the RUH has made in caring for patients who have suffered a stroke were recognised in the hospital guide by health analysts

Dr Foster, which gave us the best results for patient outcome following a stroke in the entire country.

Consultant Stroke Physician Dr Louise Shaw said: "The advances we have made in stroke care are great and we are providing excellent stroke care – but it is still essential that people know what the signs and symptoms are so that they can get to us as soon as possible.

"Many people are waiting too long before coming to hospital and I would urge everyone to make themselves aware of the FAST test for recognising stroke. Mr Cridland went home quickly with no signs of any permanent damage because his daughter remembered the FAST test. Every second counts with strokes, and clot busting drugs can be very effective but they can only be given within four-and-a-half hours of symptoms."

Yours sincerely

It's always pleasing to receive positive feedback from patients and their relatives for the support and care they receive from our staff and the Trust frequently receives letters of praise and thanks. Some also appear in the local press. Here are extracts from a few.

Mrs Lewis from Bath wrote to say a huge thank you to all the staff that supported her in her recovery. "From start to finish, everyone was professional, kind and caring - the ambulance crew, the nursing staff, occupational therapist, physiotherapists, social worker and the re-enabling team who are currently helping me settle back into my home. No-one would wish to be in hospital but the whole experience was made easier for me because of the dedication and professionalism of the whole team."

Mrs Henderson from
Glastonbury wrote to tell us of the high standard of care her late father received, "I spent many hours watching the staff care for the ill patients and their families. I have been, and will continue to, sing their praises. I made sure the staff were aware of the excellent job they were doing on a daily basis."

Mrs Wicks from Somerset wrote to thank us for the care she received; in particular the staff of the Medical Short Stay ward who "were unfailingly kind and courteous. You can be very proud of them "

Margaret from Chippenham

wrote "I wish to thank all the wonderful people who attended to my husband in the Emergency Department with such high standards and kindness. He was looked after on MAU, Cardiac, Helena and Cheselden wards. I also wish to thank Alastair Davies and the Chaplaincy team, the x-ray staff, porters, cleaners and the ambulance crew. I feel these good people are so often taken for granted yet they do such necessary work. Please give our hearfelt thanks to everyone."

inaddition



The much anticipated, first ever, RUH Staff and Volunteer Art Exhibition is now on display at the hospital. The contributors are sharing their creativity and showcasing their work which is transforming the corridors with colour.

The exhibition comprises a range of photography, prints, paintings and drawings that will be seen by many hundreds of patients, visitors and staff. It runs until the 25 April 2012.

Chairman of Bath and North East Somerset Council, Cllr. Peter Edwards has offered a Chairman's prize for the best art work. Patients, staff and visitors will also nominate a 'peoples choice' and the winner will win £50. The results will be announced after insight has gone to print, but news of the winners will be posted in the central corridor of the RUH.

Hetty Dupays, Arts Coordinator at the hospital, said: "The Staff and Volunteer exhibition was a great opportunity to see what hidden artistic talents the staff have to offer the viewing public. It has been a great success."

Nick Cudworth

Art at the Heart also presents giclee prints by local Artist Nick Cudworth. Nick opened his own gallery in London Street, Bath in 1999 as an exhibition space and a studio. His original works are in oil and pastel and he is equally known for his landscape, still life and portraiture.

Art Sparks

Resident artist Edwina Bridgeman has been running a series of art workshops in the children's ward, funded by the Arts Council.

The children have been using a variety of materials such as felt, clay, paint, natural materials, and plastic to create their own masterpieces. Their work will be displayed in the new Art Sparks Gallery in the central corridor and on the Children's Ward. There have been around 150 patients involved so far and parents and carers have also taken part in the workshops.

Edwina Bridgeman says: "We've had a lot of positive feedback and there is a good feeling amongst patients







and families about the workshops. They make a real difference and are a welcome asset to the ward.

"The children who are waiting to go down for surgery, often spend time working in the playroom, and many parents have remarked that once their child is back on the ward, they want to continue and ask to have materials bought to their bedside."

Patients benefit from Music Therapy

A series of musical and creative workshops have been taking place at the hospital and are aimed at aiding recovery, boosting self-esteem and reducing stress for patients.

Hospital Notes offers interactive music workshops for patients on the Older People's Unit. Rosanna Campbell has been taking music on to the wards over the past year and she has now been re-appointed as musician in residence, a part-time post, which is funded through Superact, a Somerset arts organisation. www.superact.org.uk

Active participation in musical activities can act as a form of social-inclusion, therefore reducing loneliness and anxiety. Regular interaction through activities can have a lasting effect and can build relationships between staff, patients and visitors; enhancing the community within the hospital.

The Soundbite Music Programme brings a varied line-up of music to patients, staff and visitors; this also involves musical performances with Live Music Now, which is funded by the Joyce Fletcher Charitable Trust. Lunchtime Performances will start again in March and continue throughout the year.

Art at the Heart of the RUH is charitably funded to deliver a programme of visual, performing and participatory arts for the benefit of patients, staff and visitors. A lot of the art in the corridors is for sale. Enquiries can be made to 01225 824987, take a look at the intranet or visit the Get Involved section on our website www.ruh.nhs.uk/art





in**addition**

Hospital **stars**



Patients and staff nominated Healthcare Assistant Tom Farrell as Hospital Hero.

The Infection Control Team was voted Team of the Year and the AMIS team (which stands for Anterior Minimally Invasive Surgery – a less invasive type of hip replacement surgery) won Most Innovative Team. Customer Care of the Year Award went to Healthcare Assistant Jayne Duggan and a Patient Safety Award went to Junior Sister Lisa Brown.

A new award for research and development was presented to Consultant Anaesthetist Dr Tim Cook, and special awards were also presented to the Intensive Therapy Unit and the 'Millennium' project team for implementing the new computerised patient administration system. Personal Achievement Awards were presented to individuals who had made an outstanding contribution and Loyalty Awards were given to staff in recognition of their long service.

RUH Chairman Brian Stables said: "The awards are a great opportunity to showcase the amazingly talented people we have at the RUH, and it gives us a chance to thank all our staff who work incredibly hard caring for our patients."

Other recipients of awards this year include Team of the Month to the Medicines Management Team, and Customer Care Awards to hospital volunteer Stan Barker, Senior Healthcare Assistant Sarah Farrow, and Community Dentist Dr Robin Mills.

























Take a break

Answers to last issue's puzzles

20 Christmas Questions

1 11, 2 Pipes of Peace, 3 Balthazar, 4 Martini, 5 12, 6 Eartha Kitt, 7 Holiday Inn, 8 Norway, 9 Dasher Dancer Prancer Vixen Comet Cupid Donner Blitzen, 10 The Nightmare before Christmas, 11 Clarence, 12 Hogmanay, 13 Christmas Cracker, 14 1984, 15 Turkey, 16 Dr Seuss, 17 six, 18 Panettone, 19 Walking in the Air, 20 Only Fools and Horses.

Guess who?

David Suchet



Smallcombe House

Smallcombe House is a purpose built Residential Care Home for the Elderly (registered by the Care Quality Commission). The Home is situated on Bathwick Hill, Bath, all rooms are single en-suite with call-bell facilities, with views looking out across Smallcombe Woods.

The ethos of the Home is Christian and has a Chaplain who is an ordained minister.

For further information and a brochure please Tel: 01225 465694.

Smallcombe House, Oakwood Gardens, Bathwick Hill, Bath BA2 6EJ

Non profit making organisation – part of the Salvation Army



in**addition**

Giving a **helping hand**

Friends of the RUH update



Volunteers for life!

The volunteers give up their time to help seven days a week, 365 days a year and every year, some 400 of the Friends volunteers give over 100,000 hours to the hospital. So next time you see a volunteer please give them a smile and say hello, they help make the hospital a welcoming place.

Coffee Shop Volunteers

The coffee shop is run by 7 part-time staff and 55 volunteers. Alice Lavery has been the coffee shop manager for the past 12 years. Alice said: "I take satisfaction in knowing that the money we take, goes straight into buying much needed items for the hospital. I've also had the pleasure of meeting so many lovely patients and staff over the years."

Every volunteer holds a current health and hygiene certificate and the Coffee Shop has been awarded the highest points for food hygiene. Claire Chambers has been a volunteer since 2008, helping with the dishwasher. Clare enjoys meeting and

chatting to everyone and says: "I like to be involved and kept busy, helping out is very rewarding."

The Coffee shop, which

raises a staggering £47,000 profit every year, which goes towards purchasing equipment and patient amenities, now offers a take-out service. Orders can be placed over the phone. Knowing that every tea and cake purchased helps support patients and staff, makes eating and drinking all the more enjoyable.



Forever friends latest

A place in the **London Marathon**

A Silver Bond place in the London Marathon is allocated to The Forever Friends Appeal every five years, and Andrea Peters from the finance department is representing the Appeal on Sunday 11 April 2012.



Andrea says: "I feel privileged to have been chosen to run for the Appeal and I'm hoping to raise between £1,500 and £2,000. I'm looking forward to the day and although the challenge is a tough one, I'm determined to enjoy the whole experience."

Andrea is raising funds for a new Gamma-CT Scanner. Visit www.justgiving.com/andrea-london2012



The annual walk along the Kennet and Avon canal is fast approaching. Join us

on Saturday 26 May between Devizes and Bath, and celebrate the life of a loved one.





Matched funding challenge

The Appeal has recently launched the 'High Sheriff's Matched Funding' challenge, to help raise the last £200,000 needed to purchase a new, state-of-the-art Gamma-CT Scanner.

Once again, the funds raised will be matched pound for pound by the scheme, so if you raise £300, the Appeal will receive £600.

If you are interested in taking on a challenge or fundraising for the Appeal now is the time to do so! Contact the Appeal team for more information 01225 825691.



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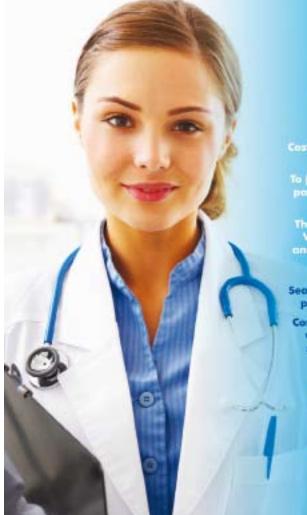
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inyourowntime

Take a break



Settle down with a cup of coffee and a biscuit, grab a pen and ponder over the answers to this Entertainment/Arts themed crossword. The answers will appear in the next issue of insight.

1	2	3	4		5	6		7	8	
9						10				
11							12			
						13				
14			15		16			17		
18	18				20	21			22	
23		24		25		26				
			27							
28					29					
30						31				

Across

- 1 1980/90s US sitcom set in a Boston bar (6)
- 5 Swift's traveller to Lilliput, etc. (8)
- 9 Writing's on the wall for this street art (8)
- 10 Forgetful actor's assistance (6)
- 11/8 Andrew Lloyd-Webber's rollerskating musical (9,7)
- 12 Jane actress, writer and cook (5)
- 14 Cole, US composer and lyricist (6)
- 16 German Dadaist/Surrealist painter of dreamlike landscapes (3,5)
- 18 German town, home to annual opera festival
- 21 Astaire/Rodgers movie might go to your head! (3,3)
- 23 Goethe's play about a legendary soulseller (5)
- 25 London theatre where Lillie Langtry made first notable appearance (9)
- Pierre-Auguste, French Impressionist painter (6)
- 29 Small symphony orchestra (8)
- 30 E.g. Tchaikovsky's Pathetique or Beethoven's Eroica (8)
- 31 Spring holiday cry for help? (3,3)

Down

- 2 C S Forester's seafaring hero, _ Hornblower (7)
- 3 Author of A Passage to India (1,1,7)
- 4 Isaac Asimov's genre of literature (3-2)
- 5 John, wrote best-seller The Client (7)
- 6 Sexy character in M*A*S*H, Hot _ (4)
- 7 Religious paintings of Jesus or other holy figures (5)
- 8 See 11 Across
- 13 Where you head for at the end of a show? (4)
- 15 Michael and Albert, French saucy chefs? (4)
- 17 Company putting on various plays etc., for short periods (9)
- 19 Society for the promotion/teaching of e.g. art (7)
- 20 Pop group created by TVs Popstars rumour has it! (7)
- 22 Show stopping number from West Side Story (7)
- 24 Evelyn Waugh's book about war reporter William Boot (5)
- 26 Musical note, worth two crotchets (5)
- 27 Group of three performers (4)

Guess who?

I was born in Devon in 1890, the youngest of three children in a conservative, well-to-do family. I was taught at home by a governess and never attended school.

I became very good a creating games to keep myself occupied at a very young age. A shy child, unable to express my feelings, I first turned to music as a means to expression and later in life to writing.

I married a World War 1 fighter pilot at the age of 24 and while he was at war I worked as a nurse. While working in the hospital I came up with the idea for my first novel which I finished in a year, although it wasn't published until five years later.

I divorced my husband in 1926 when he told me that he had fallen in love with another woman. I was so upset by this that I disappeared and was found three weeks later by the police. I claimed to have lost my memory and never mentioned this time in my life again.

I re-married a young archaeologist in 1930 and I wrote over 66 novels in my career. One of my most enduring characters was often described as 'meticulous, a tidy little man, always neat and orderly, with a slight flavour of absurdity about him'. I also wrote numerous short stories and screenplays and a series of romantic novels using the pen name of Mary Westmacott.

Who am I?

Congratulations

Congratulations to last issue's winners; Mrs Vivien Bartlett from Melksham, Ms Judith Flynn from Melksham and Mrs Mary Tucker from Chippenham, who all won M&S Vouchers worth £25.