### THE MAGAZINE FOR NORTHAMPTON GENERAL HOSPITAL PATIENTS AND VISITORS

Autumn 2015 | Issue 56

More than just a magazine Bring these pages to life with our amazing new app See page two

NHS Trust

Northampton General Hospital NHS

### Focus on Frailty – how we care for our elderly patients

# NGS THAT MATER

## Insight

Autumn 2015 | Issue 56

### Keep in touch

NGH has over 1,450 followers on Twitter and over 5,500 people have liked our Facebook page. If you're not one of them, you can get updates about the hospital and the great work of our employees in the following ways:



Follow us on Twitter @NGHNHStrust



Follow us on Instagram Northamptongeneralhospital



Connect with us on LinkedIn Northampton General Hospital NHS Trust



Like our Northampton General Hospital Facebook page. Our home birth team also has a Facebook page, NGH Homebirth Team, where you can find lots of advice and information about pregnancy, birth and beyond.



Until our Winter issue in December, you can also keep up to date with NGH news on our website www.northamptongeneral.nhs.uk where you will also find all back issues of Insight.

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Insight is a free magazine, and we encourage our patients and visitors to take one home with our compliments. Please pass it on to a friend or relative when you have read it. Printing and design of the magazine are provided free of charge in return for the revenue from advertisers. No NHS or charitable donations are used to fund its production.

## Amazing app delivers info to YOUR PHONE OR TABLET

orthampton General Hospital is one of the first NHS trusts in the UK to use an exciting new technology by delivering information to staff and patients' mobile phones or tablets.

A new free app means people can find out more about services at the hospital, just by pointing their mobile device at triggers placed throughout the site – and in this magazine.

All readers have to do is follow the instructions at the foot of this page, download the NGH Plus app from the App Store or Google Play and point it at the photo or logo wherever they see the symbol shown here.

The app recognises the photograph and launches rich content including video, downloads and opportunities to do many different things using interactive buttons on the touch screen.

It uses a technology called Augmented Reality, which is being used all over the world by big retailers, manufacturers, and in education.

NGH head of communications Sally Watts said: "We know a growing number of our

patients want to keep up to date with the products and services they use through their mobile devices. So we've launched this app to enable them to do just that. Visitors to the hospital can find out more about what's on offer here just by pointing their phone at our special posters.

"It's easy to use. They don't even have to search. And once someone has downloaded the app we can keep in touch with them when we need to with free messages, like the headlines you might receive from a news app.

"We've launched the app in the Autumn issue of our Insight magazine but look out for more AR content around the hospital as we develop the service and the technology improves."

Augmented Reality content is dotted throughout this magazine. Some photographs will launch videos and interactive buttons via the NGH Plus app. And anyone who wants to visit our website, Facebook page or Twitter feed, without searching, just needs to download the app and scan the main photograph on our front cover. It's magic!

## Welcome to NGH Plus – our Augmented Reality (AR) app



IMPROVING COMMUNICATION <

## THE DOCTOR'S WHITE COAT IS BACK - UPDAT

ith hospitals busier than ever these days, patients can find they are being asked similar questions by different types of staff. So it's perhaps no surprise that two out of three patients we surveyed said that they were confused

about who exactly they had been speaking to and could not be certain when they had seen a doctor.

Our own junior doctors came up with the answer to the problem – bring back the white coats that all doctors used to wear. And that's just what we've done, but at the same time updating the white coats to

the modern era.

Dr Emily Maile, one of the team who came up with the idea, said patients

The white coats make us easier to spot in an emergency, and they also help us look smart and professional.

have welcomed the change. "If a patient wants to speak to a doctor then the white coat helps them identify us on a busy ward. It can be particularly useful for those with difficulty in hearing, or learning difficulties. "The white coats make us

easier to spot in an emergency, and they also help us look smart

and professional. It gives me a sense of pride to wear one because being a doctor here is a privilege and job that I enjoy."

The updated version of the white coat





has short sleeves so staff can stay 'bare below the elbows' to reduce the risk of spreading infection. It has a coloured badge on the front to show the doctor's grade and experience, and the word 'doctor' in big letters on the back so there can really be no mistake!

The coats also have really big front pockets, which are designed to accommodate some new technology. All our junior doctors now have iPad minis, enabling them to receive automatic alerts when one of their patients becomes unwell or their condition deteriorates.

SCAN PHOTO FOR VIDEO

### Try out the NGH Plus app with this picture

Scan the photo to bring it to life

See Dr Emily Maile explain why she thinks the new white coats for doctors are a great idea

CHIEF EXECUTIVE'S COLUMN

### MY ADVICE TO OUR NEW DOCTORS

It was a pleasure to be able to welcome all our new doctors in training who started work last month. It is important to ensure from the start they all understand that they're a critical part of our workforce and I enjoy being able to say a few words to them.

Because of my medical background, I always feel a personal connection at this time of year to our new doctor starters. I have never forgotten what this feels like – especially in the first clinical job in a new place with so much to learn.

I talk about the value of a personal introduction to patients, the importance of respect, the value of teamwork, the importance of enjoying and learning from everything one does, and especially on learning from patients. The duty we all have to help improve health care as well as to deliver it is also a key message.

I explain what makes the difference between a good doctor and a great doctor – and that much of this comes down to how the patient feels. Making every patient know and feel that they matter - and are at that moment the most important consideration no matter what other pressures there are - is a special kind of magic. Compliment letters often refer to this and it applies of course to everyone who works with patients - not just doctors.

I also tell them to remember that, whatever else is going on in terms of the wider NHS, political arena and the challenges faced, a career in medicine is a fantastic privilege. There are few jobs that are so rewarding, so interesting, so valued and give the opportunity to connect with humanity at so many seminal moments in lives. I certainly feel privileged to have been able to pursue this path and to use this experience now in my CEO role. I think this applies to everyone who works in healthcare in some measure.

My parting advice to our young doctors is the same as I would give to a member of my own family in a new situation which comes with an element of fear. 'Keep calm, smile a lot, ask for advice when you need it and... never forget how lucky you are!'

### Dr Sonia Swart

Chief Executive, Northampton General Hospital

## MORE INSIGHTS FROM SONIA With our new ngh plus app

**WW ith our new** NGH Plus app, you can now see and hear our chief executive Dr Sonia Swart as well as read her regular column in Insight. Simply point your phone or tablet at the image below and watch the first of her quarterly updates about life at Northampton General Hospital.



### Texting service reminds patients of hospital appointments

Last year, more than 20,000 people failed to attend their outpatient appointment with us. This cost us more than £1million and we couldn't offer the appointment to someone else who needed it. We've now introduced a text reminder service for a number of our clinics. This prompts our patients to confirm, cancel or rebook their appointment. Now, a few days before your appointment you will receive either

a text message or personal call asking you to confirm your appointment with us.

The patient reminder service covers hospital outpatient appointments with the exception of some clinics that are not appropriate for a text reminder, such as certain women's and cancer specialities. In these instances staff will contact patients as they do now to confirm appointments. We will also continue to use telephone calls to remind patients over the age of 75 of an upcoming appointment.

Nessages You have an appointment at Northampton General Hospital on Friday 22 August at 10.30am. Are you able to 10.30am. Are you able to attend? Reply 1 = Yes, 2 = attend? Reply 1 = Yes, 2 = Cancel, 3 = Rebook or call ...



IMPROVING COMMUNICATION

## WE'VE SIGNED UP TO "HELLO MY NAME IS..."

**GH now supports** the "Hello, My Name Is..." campaign which aims to encourage all staff, regardless of role, to introduce themselves to the patients and visitors with whom they come into contact.

We were delighted to welcome Dr Kate Granger, founder of the campaign, to Northampton in June. Kate, who is terminally ill, founded the campaign when she was first receiving treatment for cancer and noticed that many staff looking after her did not introduce themselves before delivering care.

When she set up the campaign, she explained: "I firmly believe it is not just about knowing someone's name, but it runs much deeper. It is about making a human connection, beginning a therapeutic relationship and building trust. In my mind it is the first rung on the ladder to providing compassionate care."

See our Pinterest page for more photos from the visit: https://www.pinterest.com/ NorthamptonNGH/



**Dr Kate Granger** 



## FOCUS ON FRAILTY ENHANCING CARE FOR FRAIL OLDER PEOPLE IN HOSPITAL

Frailty is not a disease but a combination of the natural ageing process and a variety of medical problems

## What do we mean by **frailty?**

Frailty is related to the ageing process, that is, simply getting older. It's a word that many older people dislike, but it's important to say that not all older people are frail.

Clinically, the term describes how our bodies gradually lose their in-built reserves, leaving us vulnerable to dramatic, sudden changes in health triggered by seemingly small events such as a minor infection or a change in medication or environment.

Frailty can be defined as meeting three or more of these criteria:

- Low grip strength
- Low energy
- Slowed waking up speed
- Low physical activity
- Unintentional weight loss

Frail, older people are at the highest risk of falls, disability, admission to hospital, or the need for long-term care. They usually have weak muscles and often also have other conditions like arthritis, poor eyesight, deafness and memory problems. This means older people with frailty will walk slowly, get exhausted easily and struggle to get out of a chair or climb stairs. Typically therefore they are housebound, or only able to leave their home with help.

In these pages you can read about how we help care for frail and elderly patients at NGH.

**The NHS faces** huge challenges in looking after its most vulnerable patients who can be described as the frail elderly. Here at NGH over the last few years we have developed a strategy and services to improve and enhance the care we provide to frail older people who are admitted to the hospital.

Dr Parul Shah, our lead consultant in medicine for the elderly, explains more. "We have two special wards for elderly people, Brampton and Creaton, where patients have quick access to a geriatrician to have their medical problems sorted, and also see physiotherapists and occupational therapists who enable them to become fit enough to return home. The average length of stay in these wards is around 8-10 days, with a maximum stay of 28 days.



"Then we have Compton ward, which is where we look after older people who require medical attention at the same time as requiring rehabilitation. And on another ward, Abington, we have developed what we call an orthogeriatric service, led by a consultant, for predominantly frail people who are admitted with fracture of the hip.

"We now have a full-time consultant physician who deals with mental health of older people, Dr Jovita Lewis, a psychogeriatrician. Dr Sarah Vince, one of our consultant physicians in the emergency department, has been specially trained in educating staff and promoting better management of older people. And over the last year we have introduced two specialist nurses, Helen Hale and Sheridan Phillips, who can assess patients in the admissions unit and liaise with the family to prompt appropriate early but safe discharge from hospital." (You can read more about Helen and Sheridan's role over the page)

NGH has various outpatient-based specialist clinics focusing on conditions such as Parkinson's disease and medical orientated falls. Clinics for continence, and diagnosing potential heart problems using ultrasound (echocardiography) are also being developed. We also manage what is called a 'tilt table' service, where older people who are falling for unexplained reasons have tests done to identify whether their falls may be due to heart or blood pressure problems.

### Assessment of Frail Older People

Dr Shah says: "Over the last two years we have made significant improvements in the way we assess frail older people. We have developed new processes to provide better care for older people who present to



Dr Parul Shah (front, centre) with some of our team from the elderly medicine department

A&E. We screen them for frailty and falls risk, and we carry out a full assessment if they attend with a history of falls. We assess their mental state by checking for signs of acute confusion, or delirium.

"This provides a comprehensive geriatric assessment that is the key requirement for assessing older people in a holistic way. It enables all the multidisciplinary team members to determine the best way to treat the older person and also the safest possible way to discharge them from acute care."

### Cliftonville Care Home

Over the last few years we have had a large number of people who have been delayed from going home because of lack of available social support services or placements in a nursing or residential home. To provide them a safe and more comfortable environment whilst they wait we have hired 46 beds in Cliftonville Care Home, next door to the hospital. Here they are looked after very well, in separate rooms of hotel standard, while our staff are also able to monitor their progress.

### Angela Grace / Turn Furlong Community Services

We screen at least 90 per cent of older people for dementia soon after admission, achieving the targets agreed with our commissioners. We have four special bays in A&E where we assess older people who are admitted with confusion or significant frailty. Special training is given to all our A&E staff called GEM (geriatric emergency medicine) training.

We have access to around 20 beds in the Angela Grace care centre in Cheyne Walk, where we can transfer patients admitted with confusion but who are likely to recover their normal mental capacity. We have supported the development of nine community elderly care beds at Turn Furlong specialist care centre, where a consultant geriatrician pays weekly visits to oversee patients' care. This allows patients rapid discharge from hospital within 72 hours to a more appropriate community setting.

## A practical guide

If you are noticing signs of slowing down yourself, you might be interested in a booklet co-produced by NHS England and AgeUK earlier this year. Called a "Practical Guide to Healthy Ageing", it is designed for people with mild frailty and focuses on maintaining and promoting independence - an issue that is both important and well understood by older people. The guide begins by suggesting people self-conduct the 4-metre walking speed test (taking longer than

5 seconds to walk 4 metres is highly indicative of frailty) and then contains a menu of items, only some of which will apply to a particular individual. You can download a copy of the guide from our website.

website.

healthy ageing

NHS



## FINDING OUT THE THINGS THAT MATTER

Our specialist nurses listen to elderly patients and their carers to find out more about what they feel their problems are

**Ver the last** year we have introduced two specialist nurses, Helen Hale and Sheridan Phillips, who can assess patients over 75 soon after admission and liaise with the family to plan a safe early discharge or help reduce their length of stay in hospital.

Helen says that talking to patients and their family pays dividends. "Patients usually come in with one medical problem - a chest infection, for instance - and on a busy assessment unit or in A&E the doctors will of course focus on the clinical treatment for that. But to just get someone well enough to go home can sometimes not solve the underlying problem. For example, a patient may have a urine infection and be treated with antibiotics. Discussing concerns about incontinence and painful joints may bring to light a reluctance to drink. If these issues are not addressed a repeated urine infection is more likely, possibly leading to readmission.

"We take a more holistic view and we find out what else is affecting people's lives. We ask what is worrying them, how are they coping at home, are they managing their other medical conditions, are they eating properly, and so on. Very often the clinical reason for admission does not match the patients concerns. In addition they might not have had the opportunity to share something important, like a recent bereavement for instance."

Sheridan agrees. "We work closely with all the other members of the team and study the notes, but we find out a lot about the patient by talking with them and listening to their concerns. In some cases we might be the first person they have had a proper conversation with for weeks. The patient notes might have very brief details such as 'lives alone in a bungalow, found by carer'. But what we want to know for example are what do the carers do, what's the bungalow like, where's the toilet, can they get in the front door, are there any steps, have they had any falls and so on. If we can identify these things and find out why they are causing problems, we can start to put things in place to help them to be discharged safely and reduce the risk of the same thing happening again."

Not everyone who is elderly becomes frail, but those who are living with several medical conditions and may be struggling to cope do need more support. This group are more likely to stay in hospital longer and possibly lose their confidence in their abilities to care for themselves. Helen and Sheridan work together with the whole team to help patients maintain their independence.

"I think there's a perception that the hospital wants to simply discharge people quickly," says Helen. "But we don't. We want to discharge them safely, and put in interventions to try to help them not be readmitted unnecessarily."

Helen, previously Creaton ward sister, was appointed to this role in 2014 and Sheridan joined her earlier this year from being a junior sister on the emergency assessment unit. Between them they currently assess around 200 patients a month, typically up to ten a day, and they are having a real, positive impact on care of the frail and elderly coming into NGH. Both enjoy the job and find it very rewarding. Sheridan says: "This role is very different from my previous one, and I find it very satisfying to be able to improve patients' experience by helping them with issues that are not necessarily related to their clinical illness."

Helen adds: "It is very interesting, working out what happened both clinically and socially that resulted in a hospital admission. It's by spending time with them that you find out things, often the little things, that do matter to people. Then we can help them."

# AGE UK STAFF HELP ELDERLY IN AGE

**busy hospital** emergency department isn't the nicest of places to be at the best of times, but it is 100 times harder if you are older, vulnerable or do not have a family member to help you. That's why we and our patients are grateful to Age UK Northamptonshire staff for providing practical and emotional support to older people in A&E when it's needed most. Their A&E support workers are on hand during some of our busiest periods – generally, late afternoon and evenings from Thursday to Monday.

It's a service that has been running since April 2013, and has developed over time to offer a lot more than just tea and sympathy. Lindsay Scholey, a support worker for the last two years, said: "Our main function is to act as a concerned relative, and we support the whole family. The role varies a lot, and we can help with very practical things – for instance I replaced someone's hearing aid batteries so they could hear and answer the doctor's questions!

"Providing drinks and showing concern are always welcomed by patients but we also do a lot more. We signpost any help, free services or benefits they may have access to and we look at the wider picture, often liaising with social services on site here, to plan ahead for that person being back at home."

Kevin Line has been in the role since February, and his experience with St John's and hospital volunteering – and with his own parents – has been invaluable training. He said: "People feel lost here, especially those who are vulnerable, confused or have dementia, and we're the first people they see. It can be very rewarding to help them. Often we will accompany them when they leave A&E to be admitted on to a ward, and we may also go back afterwards to check that they are alright."

NGH chief operating officer Deborah Needham said: "We are delighted to be working with Age UK Northamptonshire to provide this additional service for vulnerable patients in A&E which supports their privacy and dignity, as well as ensuring they get the help and advice they need while they are here and when they return home. The feedback we have had from patients, relatives and staff all shows that the support workers are an invaluable asset to the department."

Lindsay added: "We are there for people for as long as it takes, whether it's a few minutes or a matter of hours. We might be there all evening with one patient if it's necessary. It is very satisfying to be able to help people at a point of crisis, and to provide a little bit of calm they need."

### Comments from patients and staff

"I can't manage on my own and am very thankful for the help and service Age UK Northamptonshire have put in place for me"

"Doctors and nurses in A&E have all said how much help and energy that the Age UK staff have brought to A&E – they do great work"

"We cannot thank Age UK enough for the help and support they gave us"

"I was in A&E with my father who is terminally ill with cancer. An Age UK volunteer was very helpful and gave some good advice – it made me think that I would love to be able to help older people in this way"

For more information about Age UK Northamptonshire's services call 01604 611200, or visit their website www.ageuk.org.uk/northamptonshire



Two of Age UK Northamptonshire's three A&E support workers, Kevin Line and Lindsay Scholey. The third member of the team is Janet Prescott.

DISCHARGE TEAM

# HELPING YOU GO HOME SAFELY

We want to help you go home as soon as you are well enough to leave, but we also aim to do what we can to help people live independently and safely

**The majority of** people are able to return home following a stay in hospital without any additional support. For anyone that does need support, we involve our integrated discharge team to help ensure that people can be discharged home as quickly and as safely as possible.

The team are led by Jackie Perkins, clinical discharge lead, who says: "Planning for discharge normally begins at the point, or even before, you are admitted to hospital. The process is coordinated by a member of the nursing team on the ward. Then following an initial assessment by nursing and medical staff, you may be referred, with your consent, to the integrated discharge team for a fuller assessment. This has up to now been done in hospital but, from the end of September, it will be carried out in your own home where it can be much more realistic and effective."

At present the ward-based discharge assessments can be time-intensive and

once a patient is medically fit to leave hospital, it can take significant time to get their home support in place. The Discharge to Assess project (provided with our partners NHS Nene CCG, NHFT and Northamptonshire County Council) aims to help those who might need support on leaving hospital earlier, by arranging a care package to support them at home.

Patients need not worry that they are being discharged sooner, says NGH head of capacity Dione Rogers. "We will ensure that you only leave hospital when you are safe to return home. Members of the team can meet you at home on arrival or within a short time afterwards, to ensure that you continue to receive the support you need. The new system will help us treat more people, and it also benefits patients themselves. We often see a person's health improve further once they are back in the comfort of their own home."

## Before you leave...

### A SELF CHECKLIST

There are a number of important questions that you need to be clear on before you leave hospital. if you cannot answer 'yes' to one of the questions below please ask a member of the clinical team on your ward to help you gain the answer. 

- Do you feel fully informed of who to contact if you feel unwell when you get home?
- Are you aware of the reason you have been prescribed your medication?
- Do you know of the potential side effects you could face from your medication, and what to do in the event of one occurring?
- Do you feel you have all the information you need before you leave hospital?

As well as Insight, we also produce a magazine called Options, in partnership with Age UK, Alzheimer's Society and our magazine publishers Octagon. It's a guide for patients being discharged, containing lots of information about the various organisations and teams that form part of the process. Please ask a member of staff for a copy or visit our website to view one online.





DEMENTIA CARE <

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# STRICTLY DOES IT FOR DEMENTIA

### Our dynamic dancers put on the style to raise over £16,000 for our hospital charity

WW ell, what a fantastic evening was had by all! Congratulations to all the dancers at Strictly NGH 2015, and a big thank you to all our supporters who raised an amazing £16,000 for the NGH charity. It was a very successful evening full of fun, smiles, laughter and of course lots of dancing.

Francine Diffley, clinical specialist physiotherapist from occupational health, was chosen as the winner of this year's competition, with her dance partner Jamz Sandz. Francine was one of six finalists who included Debbie Needham, our chief operating officer and deputy CEO, Julie Gardner from ENT, Raj Sehmi from finance, and James Wyatt and Dominic Carlisle who joined us from St Andrews Healthcare.

All our Strictly contestants were stars on the night and were well supported by a very enthusiastic audience. Well done everyone!



## We did it for dementia!

Many departments throughout the hospital will benefit from the funds that were raised, including our Do It For Dementia campaign. Caring for people with dementia in an acute hospital setting presents a number of challenges and we want to make sure our patients with dementia receive the best possible care while they are with us. That's why we've set up this special fundraising group, alongside our Northamptonshire Health Charitable Fund, with money raised being specifically dedicated to improving the experience for our patients with dementia.

To find out more about the campaign and the activities we have planned, visit our website www.northamptongeneral.nhs.uk





#### Jill Garratt

**s** a former ward sister with over 25 years at NGH and a background in trauma and orthopaedics, our dementia liaison nurse Jill Garratt had often come into contact with patients with dementia. Now in her new role she is able to devote her time fully to improving the care we provide to this group of patients and their carers.

Jill said: "I now work alongside the carers and really value the very difficult job they do. I love getting involved with all aspects of improving dementia care."

Before the role was fully developed, Jill was initially charged with obtaining some feedback from carers about how well NGH was supporting them, and she very soon began to get an insight into what it was like to look after someone with dementia. "Some of the patients were newly diagnosed and were dealing with a big shock, others had been living with their parent or partner with the symptoms for many years, often coping very well. I felt really humble and privileged to share their experiences.

"A lot of my role consists of listening to people's concerns about their loved one, and giving advice and support. I can often help by explaining what practical help is available, financial or otherwise. People appreciate that you have time to listen, and I'm lucky that I have time to do that."

The hospital runs its own Do it For Dementia campaign in conjunction with the charitable fund, helping to raise money to improve care for dementia patients. There is a rolling programme of environmental improvements, adding larger signs, coloured panels and images to help patients find their way around the wards more easily, and Jill is

A lot of my role consists of listening to people's concerns about their loved one, and giving advice and support.

involved in helping to identify where other developments are needed. Currently the group are looking at the potential for setting up a lunch club and activity room, assessing how to make the discharge suite more dementia-friendly, and obtaining a 'My Life' computer with digital reminiscence therapy software that encourages conversation and

I love getting

involved with

all aspects

of improving

helps to build life stories. They're also intending to train some volunteers to be dementia buddies.

Jill provides one-hour dementia awareness sessions for staff on training days, and also does some work on individual wards. She says: "A lot of staff want to

know how to deal with distressed or agitated patients on the wards, as some do wander and can even become aggressive. So we are going to look at how to deal with that through role play and simulation. But there is already some very good practice going on, and there are really good nursing staff out there that have a good knowledge and understanding about how to look after and care for patients with dementia. I stress to staff the importance of using our 'butterfly' profiles (NGH uses a butterfly symbol to discreetly identify patients with symptoms of dementia) because these enable us to record vital personal information about the individual patient that can help us provide the best possible care."

There are around 820,000 people with dementia in the UK, including 8,000 in Northamptonshire - not counting those who are still to be diagnosed. "I have personal experience of dementia," says Jill, "through my grandma, who came to live with us until she had to go into a nursing home. In fact most people have someone, or know someone with the condition. Here at NGH there's a lot of interest from all levels of staff, as was evident at our recent awareness day. People outside the hospital are also getting to know about my role, and I'm happy for anyone to contact me if they need any help or advice about the care we provide for patients with dementia.

"From the feedback I'm now getting I think that most people are happy that NGH is much more dementia-aware, that we're listening and are actually doing something about it. We've still got some way to go but I think we're really starting to get some momentum."

## NGH PEOPLE

A nurse who spent more than two decades caring for children in Disney Ward has retired. **Jacqui Fuller** joined the ward 22 years ago after spending a few years prior to that working at Manfield Hospital. Jacqui said: "I had always wanted to be a nurse when I was young so my career was a dream come true. I have always loved mixing with lots of different people and working with a really supportive team of nurses." Jacqui's hobbies outside nursing include being a local brownie leader, spending weekends in her home in Norfolk and theatre trips.

**2** Glynis Bultitude from radiology has retired after 12 years as medical secretary to Dr Amanda Bisset. Described as a very organised, well-respected and loved member of the team, Glynis retired on her 63rd birthday – which meant that she had two lots of cards! She's looking forward to spending more time with her already-retired husband and in the garden before taking a holiday and making plans for the future.

**3** Congratulations to **Sheralyn "Shez" Holmes**, our Macmillan neuro-oncology clinical nurse specialist, who has been shortlisted for a Macmillan Professionals Excellence Award for her work supporting patients with brain tumours. Shez was nominated for being a great ambassador for Macmillan, a driving force for change to improve the patient/ carer experience, and a shining light in cancer care.

We recently made a series of posters for display around the hospital to remind everyone about the importance of good hand hygiene. Here is one of our hand hygiene champions, Dryden ward junior sister **Edrina Sutherland**, demonstrating the second of six steps to effective handwashing - rub each palm over the back of the other hand. Search for 'Clean Your Hands' on our website to see the full technique.

Thanks and congratulations to more 5 of our Friends of NGH volunteers who have received long service awards, including two who have worked for the charity for more than 20 years. Mayor of Northampton, Penelope Flavell, was at the presentation to honour: Tom Buckley and Sue Richards (both 20 years); Anne Page, Gill Welch, Dorothy Langford (15 years); Jenny Butterfield, David Ormerod, Wendy Rawlings, Ted Wiles (10 years); and Brian Ager, Ivan Brown, Mahendra Bhojani, Ivan Burridge, David Margetts, Angela Renshaw, June Spokes and June Taylor (five years).

6 Northampton Saints Rugby Club made a short video about our consultant orthopaedic surgeon **David Stock**, who's been awarded the Saints' Clubman of the Year accolade in recognition of his help and support for the players. They said: "David comes to the Gardens every week as a supporter, but also provides priceless assistance when injury strikes - all off his own back." Congratulations David! Check out the video on the 'SaintsTV' youtube channel.

**7** Learning disability project worker **Tom Oakes** joined us last year to help hospital staff and patients with learning disabilities to better understand each other. Now we've made a short film in which Tom discusses his role and the challenges he's overcome in working in a busy hospital. You can see it on the NGH youtube channel. Plus, Tom's also a shortlisted nominee for our Unsung Hero (Clinical) Award in this year's Best Possible Care Awards – see the full list on page 24.

8 Maintenance supervisor Simon Messinger helped transport a duck and her ducklings to safety, after they were discovered trapped in the hospital's Willow Garden. The mum's nesting place was quiet and secluded but unfortunately had no access to food or water. Sustainability manager Dr Clare Topping who led the rescue effort said: "They looked fairly newly hatched and unless we had acted quickly there was a big chance they would have died."

Head of patient experience Rachel 9 Lovesy and Jess Busuttil from the governance team took part in a chilly 1.8km swim in deep water to raise money for our Do It For Dementia campaign. To donate to Rachel, visit her just giving page https:// www.justgiving.com/Rachel-Lovesy. For Jess, the swim was just one of a year's worth of physical challenges she's set herself, with the support of many friends and colleagues, having pledged to undertake 12 challenges in 12 months to raise money for three causes including our dementia campaign. You can make a donation and find out more about Jess and her amazing fundraising campaign on her website: www.nothingbyhalves.co.uk

10 We say hello to our new director of nursing Carolyn Fox, who joins us from Aintree Hospital where she was deputy director of nursing. More about Carolyn in our next issue, but meanwhile a big welcome also to our latest cohort of nursing recruits from Romania, Holland and Spain. We would like to wish them all well in their career at NGH.











## AFEGUARDING THE PRECIOUS GIFT OF BLOOD

Our blood transfusion team ensure blood donations are used wisely and safely

blood transfusion - in which a patient receives donated blood, usually through an intravenous line - is a very common procedure. It's given to patients to treat a wide range of disorders and diseases, and here at NGH we carry out around 800 every month.

There are risks associated with blood transfusion, as there are with many other treatments but those risks are minimised by reducing unnecessary use of blood, together with very careful attention to detail.

Joy Murphy, lead transfusion nurse practitioner, said: "A blood donation is a precious gift and transfusions are lifesaving but, because of the risk they carry, there are many strict procedures involved in getting the right blood to the right patient. Both lab and clinical staff have to be trained to safely carry out the many checks around blood transfusion.

"Our job in the transfusion team is to promote appropriate use of blood, optimise outcomes for transfused patients, develop policies and protocols to minimise risk, and carry out audit, training, and service improvement.

"Blood stocks are dwindling, and the demand for blood increasing, so we need to use this precious resource

appropriately. We work closely to the new national Patient

Both lab and clinical staff have to be trained to safely carry out the many checks around blood transfusion.

**Blood Management** guidelines which aim to reduce complications, lead to faster recovery and a shorter stay in hospital."

Jov has been the lead transfusion nurse practitioner for six years, having joined from A&E where she was the link

nurse for blood transfusion. "My favourite part of the job is problem solving - working out how to reduce wastage of blood, how to help people to do things better, making the processes easier to remember and so on. I also

enjoy liaising with other hospitals My passion for at regional blood transfusion practitioner started when I meetings, where began working for we can share the National Blood ideas and pick up Service over 20 things to try here. I am a national blood committee advisor on patient information leaflets about transfusion, so I welcome suggestions from staff or patients to help improve them."

years ago.

Transfusion practitioner Lucy Smith supports Joy, and also takes care of most of the training of staff. She said: "I particularly enjoyed the teaching element in my previous role as a nurse on head and neck ward. I've found this role so interesting and have learnt so much. I really enjoy passing on that knowledge and developing fun ways to try and make transfusion safe for patients and the staff providing it. I also visit the wards to follow up and support



Lucy Smith





"We need more of this!" Joy, Karen and Lucy with precious blood packs from the NGH blood bank.

staff with any issues they have around transfusion, and we pick up good ideas from them too. We hold link nurse meetings every quarter where we share ideas and have outside speakers come in to help with staff education."

The team of two nurses and a secretary works closely with the blood transfusion laboratory, a consultant haematologist, the blood bank manager, transfusion nurses and senior biomedical scientists. They are backed up by the hospital's transfusion committee, a panel of consultants from different departments who meet to review and make decisions about NGH transfusion practice and policy.

Karen Spreckley is the operational manager for transfusion and haematology. She said: "My passion for blood transfusion started when I began working for the National Blood Service over 20 years ago. Pathology is a service that is relatively close to the patient anyway but transfusion is like being right there in the room with them. What really gets the adrenaline going is when there is an emergency and the anaesthetist and the surgeon really need our hrlp to keep the patient alive.

"My role is providing Joy and Lucy and the laboratory staff with the resources they need, offering advice and guidance. The transfusion service runs all day, every day and is here whenever patients need

us. I ensure we've got the appropriately trained staff, the right equipment, enough blood products and safe processes in place – so that the right patient gets the right product at the right time for them."

## Could you be a donor?

Every blood donation can potentially save or improve three lives. We're grateful for every drop, and would like to thank our existing donors for their support and encourage them to keep up the great work.

Nationally we need over 6,000 people to attend a blood donor session every day in order to meet hospital demand. Younger donors (17+) are especially important, to help us maintain the blood supply for the future.

All blood groups are needed, but we particularly need blood from O negative, B negative and A negative groups. We are always in need of more donors from black, Asian and minority ethnic communities.

Giving blood is guick and easy. The actual donation will take no more than 15 minutes. and the whole process from arrival to completion no more than an hour.

Why not help real people like you? Be part of something amazing. Give something back and help others in just one hour of your time.

Visit www.blood.co.uk or call 0300 123 23 23 to register or book your appointment.

Blood donor sessions are held regularly in St Giles Rooms, St Giles Terrace, in the heart of the town centre and just a few minutes' walk away from NGH. You will find the dates for the next few months listed on our 'Noticeboard' (page 31) in each issue of Insight.

NEWS EXTRA

## RE'S OUR SHORTLIST OF NGH STA

e received more than 150 nominations for this year's Best Possible Care Awards, and the judging panel have now shortlisted six nominees in each category to go forward to the awards ceremony on 18 September where the winners will be announced. Here's our shortlist.

#### Clinical Team Award

- ▶ Vascular theatre team theatre 3, main theatres
- Stroke pathway team
- Restart pulmonary rehabilitation team
- A&E team
- Therapies supported discharge team
- Ultrasound team, radiology

### Unsung Hero Clinical Award

- ▶ Natalie Hamilton, orthopaedic theatre porters
- Rebecca Smith, Dryden ward
- Tom Oakes, safeguarding/learning  $\blacktriangleright$ disability team
- Abu Abraham and Ruth Wheatley, Holcot ward
- ► Cathy Spingys, Heart Centre
- Corene Hicks, hostess, Victoria ward

#### Non-Clinical Team Award

- Pathology management team
- ► Travel office
- ▶ Making quality count T&O team (Hazel Monk and Helen Kerry)
- Finance team
- Menu office catering team
- Midwifery and O&G admin team (Hannah Billingham, Kate Robinson, Holly Giles)
- Unsung Hero Non-Clinical Award
- ▶ Lucie Humphries, Oncology admin clerk

- ▶ Keith Stratfull, night receptionist, EAU
- Steven Tuffnell, hotel services
- Phil Bird, stores
- ▶ Jackie Wade, Cedar ward general surgery housekeeping
- Linda Burniston, EAU

### Volunteer of the Year Award

- Maureen Jones and Margaret Harman, Holcot stroke unit
- ▶ Wendy Drage, Northamptonshire cancer partnership user group
- WRVS in Manfield outpatients Þ
- Sue Stacey, volunteer with Easybreathers patient support group
- Glenda, volunteer on Allebone ward
- Jo Inchley, consultant oncologist
- CEO's Innovation in

### Practice Award

- Dr Senthil Kumaran, consultant anaesthetist
- Liz Aldridge, head of therapies
- Anne Thomas, head of midwifery
- Sarah Vince, emergency medicine consultant
- ▶ Kate Bates, breastfeeding training team
- Making quality count Pharmacy team

### Patient Experience Award

- Stoma care team
- ▶ Holcot ward therapies team
- Critical care team
- ▶ Kerry Messam, palliative care nurse specialist
- Debbie Wigley, learning disabilities nurse

Patient Safetv Award

- ► Holcot ward
- ► GEM Team, A&E (Sarah Vince, Jason King, Catherine Briers, Sharon Gray, Michelle Arthey, Hayley Cleaver, Ian Humphrys)
- ▶ FY1 doctors Alex McFarquahar, Anna Clements and Abi Bhatti
- Pressure ulcer project group, critical care
- Dr Senthil Kumaran, consultant anaesthetist
- Sarah Masterton and Chris McKee, main theatres

### Outstanding Contribution Award

- Naomi Walters, medicine matron
- Wendy Smith, specialist palliative care/ end of life
- Vicky Garrod, simulation suite
- Alison Jones, site management team
- ▶ Judy Turland, practice development
- Marji Pugsley, trauma and orthopaedics

### Ken Hughes Award

BEST

CARE

POSSIBL

A special award will be made to an individual who has made a significant contribution to the hospital over many years.

## Awards 2015 WATCH OUR TEAM NGH VIDEO STARS

If you saw the last issue of Insight, you may remember some of these images from our story about the 'Team NGH' video that's on our YouTube channel. We set up a camera on Hospital Street and asked our staff what they love about working here at NGH. Now you can bring the picture here to life, and watch the video on your phone or tablet - just download the SCAN PHOTO NGH Plus app and scan the picture! FOR VIDEO



land of opportunity for me! Iv gone from a nurse on the war to teaching nurses and HCAs ss the be spital, and it's a job









"This hospital is wonderfully friendly, it's very fall of dedicated pa ate po make me proud to w and he re



## Mrs Shukla and the Urogynae team



18 | Insight



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CHARITABLE DONATIONS
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## CRAZY HATS BOOST CHEMO APPEAL To quarter million mark

**fundraising appeal** to refurbish the NGH chemotherapy suite has reached the quarter of a million pounds mark thanks to the sterling efforts of local cancer charity Crazy Hats.

The charity, which raises money to improve breast cancer care in the county, presented a £30,000 cheque to the chemotherapy suite appeal, taking the total raised so far to £250,000.

The £30k was raised earlier this year at the annual Crazy Hats walk at Wicksteed Park. The donation has been earmarked to pay for the cost of refurbishing the treatment preparation room in the chemotherapy suite.

The treatment preparation room is currently divided into two rooms, an arrangement which doesn't make the best use of space. The area is cramped and the layout is not efficient. The new design will see individual work stations for nurses so they can work more effectively and at the correct height. The storage and computer areas will be designed to minimise the working space.

Crazy Hats executive fundraiser Glennis Hooper said: "We are delighted to be able to present NGH with £30,000 for this very worthwhile project. This brings the total we have given to the hospital to over £850,000 in the past thirteen years. We look forward to supporting them more in the future and we thank everyone who has helped us to help you."

Chief Executive Dr Sonia Swart said: "We're very grateful to the Crazy Hats team for their tireless fundraising and all they do to help improve the experience of women undergoing and recovering from breast cancer treatment. Thanks to the inspirational leadership of Glennis and the dedication of her volunteers, thousands of local women have benefited from equipment and facilities that would otherwise not have been available."

The chemotherapy appeal is being coordinated by Northamptonshire Health Charitable Fund with the aim of making patients' stay more comfortable and improve the working environment for the oncology team.

To find out more about Crazy Hats charity, visit their website at http://www. crazyhatsbreastcancerappeal.co.uk/



All donations to the hospital are managed, separately from NHS finances, by the trustees of the Northamptonshire Health Charitable Fund, a registered charity. If you would like to make a donation, or be involved in raising money for NGH, please contact our fundraising office on 01604 **545857**.

Please visit our website for more fundraising stories and details of how you can get involved www.nghgreenheart.co.uk



### Sorry Amanda!

Our apologies to Amanda Short, (left in the picture above/below) who was wrongly captioned as Amanda Shaw in the last issue. Thanks again to Amanda who, along with her Nationwide colleagues, raised £1,200 to help purchase new dialysis machines for Finedon ward where she was treated last year.

## Thank you!

Here are just a few of the many generous donations we have received over recent weeks. Every gift, large or small, enables us to provide that little bit extra to help care for our patients, and we are very grateful to you all – thank you so much.



### Phil's half marathon thanks to Gosset

huge thank you to Phil Saunders and his son Matthew who travelled all the way from Chester to present us with a cheque for Gosset Ward. Phil raised £676.92 by taking part in the Chester half marathon – even though he hates running! Fifteen years ago, Matthew was cared for on Gosset ward following an emergency C-section and this was Phil's way of saying thank you to the ward and showing Matthew

where he was born and cared for.

We'll use the funding to buy an oxygen saturation monitor which help us to keep an eye on the amount of oxygen our babies' red blood cells are carrying. This is a crucial piece of kit for us because too little or too much oxygen can be harmful to a premature baby. It's a small piece of equipment but it makes a big difference to keeping our babies safe and well.

## Heart support group

A big thank you to members of the Northampton Heart Support Group who raised an amazing £3,000 for our heart centre. The money will be used to purchase a seven day event recorder and telemetry monitor.





## 24 Hour Live Stream in aid of ITU

James Welford, his brother George and friend Luke raised a fab £473.09 by livestreaming 24 hours of games and videos on their youtube channel and setting themselves challenges for the whole 24 hours. They donated the money to ITU where James and George's grandmother Isabel McDonnell was cared for in 2013, to say thank you for her recovery. The funds are being used to help the patient support group set up by critical care follow-up nurse Emma Harvey and featured in the last issue.



## NMO raise Stroke funds in memory of Cush

James Cushing - known as "Cush" or "Jim" to his friends and family - was a longstanding bar steward at the Northampton Mens Own Rugby and Football since 1975. When James passed away his family, friend and fellow club members wanted to thank the Stroke Unit for all of their care, and raised £1,964.70 by arranging a charity rugby match. The donation will help purchase some comfortable chairs for Eleanor ward patients to sit on.





### Talbot Butler support from Samantha and Gary Barton Memorial Trust

Samantha Tunk has recently had her own cancer journey and she wanted to give something back to the hospital that helped her so she organised an Elvis Tribute Night on behalf of the Gary Barton Memorial Trust. Talbot Butler staff received a cheque for £2,000 from the trust, of which £700 was raised by Samantha. This money will be used for a much needed observation monitor and stand for the ward and some Dyson fans to help cool patients. In total, since its inception in 2010, the Gary Barton Memorial Trust has donated an amazing £28,000 to the Talbot Butler and Danetre hospital palliative care team.



## Cakes help support Glitter Ball

ellie Griffin and Aishling Lawlor raised a fantastic £462.85 from their cake sale in the cyber café. The funds are being used to support the Glitter Ball – an evening of glitz and glamour they have organised for 12 September at Franklin's Gardens in aid of our neonatal Gosset ward, and the Anthony Nolan Trust.



## LAB UPGRADE MEANS QUICKER TREATMENT FOR HEART PATIENTS

**second cardiac** catheterisation lab has been installed at the NGH Heart Centre, containing stateof-the-art imaging equipment that will enable staff to treat more patients, more quickly, and with new procedures not previously possible.

The cath lab is where cardiologists carry out procedures such as angiography (a special type of x-ray for blood vessels), angioplasty – in which a narrowed or blocked artery is stretched open with a tiny balloon and a stent inserted – and insertion of pacemakers.

Consultant cardiologist Dr Patrick Davey said: "We now have two high quality labs that we can use for these procedures, and that will substantially increase our capacity, reducing waiting times for patients. The new equipment has a higher resolving power, and produces beautiful images of such high quality that you can see exactly what you are doing, making our work so much easier. It will shorten procedure time, leading to a more comfortable experience for patients."

The new equipment will in due course allow more complex procedures to be carried out in the cath lab. These include cardiac electrophysiology, which treats the electrical activities of the heart, and chronic total occlusion (CTO) angioplasty, which involves opening up of arteries that have been blocked for some time. Another is optical coherence tomography, which produces very high resolution images of the artery that are useful both in terms of diagnosis and also helping to deliver stents more precisely.

### What exactly is catheterisation?

During a catheterisation procedure, a thin, flexible tube, or catheter, is inserted into an artery or vein in the patient's arm or leg. The catheter is then gently moved further into the arteries or the heart. It can be used as a diagnostic tool to figure out what is wrong with a patient's cardiovascular system or it can also be used as a form of treatment for coronary artery disease.

# PHYSICIAN AS

Physician associates are a relatively new group of healthcare professionals in the UK, who work as part of the medical team and support doctors in the diagnosis and management of patients. As students they are trained to assess patients thoroughly, formulate diagnoses, request and interpret certain investigations, formulate treatment and management plans, and perform clinical procedures.

Nora Shrestha, who qualified as a physician associate in 2010 and joined us here at NGH two years ago, believes that providing continuity of care is a major benefit of the new role. "Unlike junior doctors who rotate every few months, we mostly stay in the same clinical area and therefore are seen as a reliable member of the team, providing a constant, stable presence on the unit. It allows us to develop our knowledge in the area, and form key working relationships with other staff, as well as maintain job satisfaction, all of which also benefit the hospital."

The role originated in the United States, and NGH is one of a growing number of hospitals in the UK and elsewhere who are seeing the potential of physician associates. We currently have two, Nora and Kiven Matinyadze - who both work in acute medicine - and there are plans to recruit more. We also have regular intakes of students on placements from the University of Birmingham, one of a small number of universities delivering the physician associate course. Training is an intense two year Postgraduate Diploma following a first degree and some healthcare experience, and the nature of the training allows them to be flexible and provide care for patients in a wide variety of clinical areas.

Nora, who completed her first five-yearly recertification exam a few months ago said: "It's certainly an exciting time to be a physician associate in the UK. Awareness of the profession has greatly improved over the years and is continually growing. Just this summer saw the launch of the new Faculty of Physician Associates within the Royal College of Physicians, which is an important milestone in helping us to get our profession firmly established. It marks the beginning of a new era and hopefully great things to come. Having the support from the RCP is such an essential step in the push for regulation and we are very grateful."

Consultant physician Dr Andrew Jeffrey, also the NGH director of medical education, believes that physician associates are a

# SOCIATES COMPLEMENT THE WARD TEAM



much valued addition to the clinical workforce. He said: "Much of the day to day work in medicine, while requiring high levels of skill and knowledge, does not need the depth of training that doctors undergo as undergraduates and post-graduate trainees. Physician associates are well equipped to undertake these tasks and to make decisions on clinical care for many of the patients we treat, something that is vital to our ability to treat the increasing numbers of patients who attend hospitals and GP surgeries. I am very pleased that NGH is at the forefront of this exciting new development."

The main barrier for the physician associate profession in the UK currently is the lack of statutory regulation, which is why they are at present unable to prescribe medications or request investigations involving a prescription of radiation. They do have knowledge regarding medications and prescribing and so can prepare prescriptions to be signed off by a doctor. The newly established Faculty of Physician Associates is campaigning to have the role recognised and regulated formally in the UK.



Nora and members of the clinical team, including Dr Andrew Jeffrey, used this photograph to support the campaign for regulation of the physician associate profession

PATIENT STORY

## EXHIBITION FOR ART STUDENT WHO FEARED SHE MIGHT NOT PAINT AGAIN

**bur years ago,** Mareika Gillett lay critically ill and unconscious in A&E with a shattered pelvis, fractured spine, broken bones in every limb and shattered facial bones after a car drove through a red light and hit her as she crossed a road, just five weeks into her first year as a fine art student.

In June, the 23-year-old University of Northampton student met up with some of the medical staff who helped rebuild her life at an exhibition of degree work inspired by her experience as a patient.

Following the initial treatment to save her life, Mareika faced a daunting road to recovery involving five separate operations, specialist treatment to repair nerve damage in her arm, and intensive physiotherapy as she learned to walk again.

She was eventually able to return to university and complete her Fine Art Painting and Drawing degree. Mareika exhibited her work along with other students at the University of Northampton's final degree exhibition - and invited hospital staff who had been involved in her treatment.

Mareika said: "After the accident, I didn't know if I'd be able to paint or produce art again. The recovery process is an ongoing struggle and it is quite hard to deal with on a daily basis. I've based a lot of my coursework on the accident and my treatment and that's been a self-healing process for me. I'd like to work as an art psychotherapist because I do have a huge interest in art, medicine and science, and if I can use my experience to help other people, that would be very rewarding."

Mareika's art and her degree dissertation explore the use of medical interventions and science on the human body. The exhibition includes a video installation incorporating photographs taken during her most recent surgery.

Consultant orthopaedic surgeon Alistair Jepson said: "I was thrilled to receive an invitation to view Mareika's exhibition; it's so nice to be remembered and appreciated. I remember Mareika's injuries well, as I was the consultant on call the day she was admitted. She had multiple fractures and her exhibition reflects the severity of these, including some very hard-hitting photographs of the vehicle that ran into her, and the aftermath of her multiple operations.

"She has shown tremendous determination in recovering from these injuries, and her interest in things medical and in healing is clearly demonstrated in her work, which was really of a high standard and very enjoyable to see."

Trauma and orthopaedic consultant Edward Crawfurd said: "It was a joy to see Mareika's work which demonstrated her ability to combine anatomical and scientific concepts to produce fascinating works of art. It was wonderful to see how, through her determination to get better, she has made a great recovery and used the experience to the benefit of her work."





NEWS EXTRA



**The Friends of** NGH charity have received a new buggy, thanks to funding provided by Tatnell Engineering Services, Northamptonshire Rotary and the Eric Stanton Trust. Friends' volunteers use the buggy to

transport patients and visitors around the hospital site, every weekday from 8.30am – 4.30pm. It's a service which is very much valued by patients and visitors with mobility difficulties, and last year the Friends carried 13,081 visitors to the hospital.

We're very grateful to all our volunteers, and anyone interested in joining our small army of supporters is invited to call Sheila Baker, voluntary services manager on 01604 545802.

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Alzheimer's Society Northamptonshire provides a range of services for people affected by dementia across the county including:

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Dementia Cafes
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Day support centres

### Alzheimer's Society

Leading the fight against dementia



For further information about our services or if you are interested in getting involved in our work by volunteering or fundraising, please contact:

Dementia Helpline: 0300 222 1122

Alzheimer's Society Northamptonshire on: (01832) 736670 Islip office (01604) 879000 Blisworth Office Email: Northamptonshire@

alzheimers.org.uk Web: www.alzheimers.org.uk/ northamptonshire



We are Age UK Northamptonshire and our goal is to enable older people across the county to love later life.

We believe in a world where everyone can love later life. Here at Age UK Northamptonshire, we are many things to many people – a source of advice, information, companionship and support.

We believe that everyone can love later life:

- We help you to make the best of life and to have a secure and dignified old age.
- We provide a wide range of services to a growing number of older people, improving their quality of life, promoting independence and preventing frailty, poverty and isolation.
- We are part of the Age UK family but we are a local independent charity set up for older people in all local communities in Northamptonshire.

To find out more about our services and to learn about how we can help you, call our Service Advice Team on: **0845 677 2220** lines are open Monday to Friday 9am–12 noon or visit us at **www.ageuk.org.uk/northamptonshire** 

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We have three children lageing 8 years to I gear old) all of whom have attended Windermore from approx. 7 months old. They have all enjoyed their time there made friends and participated in lots of activities. I have found all the staff friendly and empathetic"

#### Ofsted say:

Babies are carefully nurtured and cared for in a superb indoor and outdoor learning environment and staff ensure that babies spend some time outdoors each day. Staff sit on the floor with the babies and gently engage them in stimulating activities matched to their age and stage of development' Ofsted inspection 2011, www.ofsted.gov.uk



\*This offer can not be used in conjunction with any other offer from Childbase Partnership

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Ref: VMH



### FROM THE ARCHIVE

The hospital chapel was built with the help of a legacy left by Miss Butterfield, at a cost of £4,720. It was dedicated by the Lord Bishop of Peterborough on 30 November 1940.



Confirmation service for the nurses in 1953 at the hospital chapel. In the centre is Bishop Spencer Leeson; To the left and right of him are Reverend Hughes and Curate Rogers from St Giles Church.



## **Medicine for the soul**

rom the beginning clergymen have played a prominent part in the history of the infirmaries in town. In 1743 Reverend Philip Doddridge, of Castle Hill Church teamed up with Dr James Stonhouse to establish the first infirmary in George Row. That summer he gave a rousing 44-page sermon to further the cause and a collection was taken to boost the funds of the infirmary. This establishment was to be one of the first six voluntary hospitals in England. Thomas Secker, Bishop of Oxford wrote to Doddridge that year - "I congratulate you heartily on the prospect you have of success in your hospital and I am very sensible of what peculiar advantage it would be to have one at Oxford".

Religion figured prominently in the daily routine at the infirmary which included Bible readings and prayers. It was believed at that time that most illnesses were caused because the patient had sinned. If he failed to recover, or died, it was God's will. Consequently, this left both the medical and the nursing staff blameless, which must have been a relief to all concerned.

James Stonhouse, who had arrived in Northampton as a non-believer soon converted to Christianity under the influence of Doddridge. He wrote a charming book entitled *"Friendly Advice to the Patient"* which is a collection of prayers for all situations whilst in hospital - and we have a copy in the archive.

Clergymen in 18th century Northamptonshire were generally wealthy and gave generously to the infirmary, but it was not until 1761 that a legacy funded the first paid hospital chaplain. Funds for this role came and went over the next 200 years, but clergy still visited patients from their own parishes.

In 1876 the chaplain had a complaint from a patient because the Sisters of

Nazareth had visited her trying to convert her to the Roman Catholic faith. They were spoken to and told quite clearly not to visit the patient again.

When this hospital opened in 1793 a room was set aside for a chapel, location not recorded and on occasions the Board Room was used after it opened in 1849. It appears it was not until the 1930s that the non-conformist churches were ever included in discussions, or that roles were created for chaplains of other denominations.

A legacy of £2,000 by a Miss Butterfield was used to build a hospital chapel, which was dedicated in November 1940. It was de-commissioned in 2000 and eventually taken down in 2003. The Luke Radiotherapy Building now stands on that site.

Today, we now have a multi-faith chapel located on Hospital Street, which was dedicated in May 2000.

We are normally open Wednesday mornings between 8am to 1pm. Please telephone 01604 544868 or email sue.longworth@ ngh.nhs.uk to make an appointment.

NOTICEBOARD

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For more information please visit www.blood.co.uk The next donor sessions at St Giles Church Rooms, St Giles Terrace, Northampton NN1 2BN are:

Monday 7 September 12.45pm - 3.10pm; 4.10pm - 7.10pm Monday 14 September 1.00pm - 4.00pm

Monday 12 October 1.00pm - 4.00pm Monday 12 October 1.00pm - 4.00pm Monday 19 October 1.30pm - 3.30pm; 4.30pm - 7.30pm

**Monday 26 October** 12.45pm - 3.10pm; 4.10pm - 7.10pm

**Monday 9 November** 12.45pm - 3.10pm; 4.10pm - 7.10pm

To book an appointment call 0300 123 23 23.

DEMI



Sedgebrook Hall, September 27th, 14:00-17:30

- Tea Dance with Entertainment
- Venue Sedgebrook Halls Oak Suite
- Live Music with 'The Maestro' Lincoln Noel
- Tea, Coffee and Cakes
- Dance performance by the NGH 2015 Strictly Come Dancing contestants
- Group dance class with Step-by-Step dance school
- Tombola drawn on the day!

Tickets can be purchased from jessica.busuttil@ngh.nhs.uk ext. 4330 or Rachel.lovesy@ngh.nhs.uk ext. 3438

Tickets are just £12!



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#### ► ANNOUNCEMENTS

**RETIRED** (or soon to be?) NHS Retirement Fellowship (Northampton Branch) meets on first Wednesday of each month at 2.15pm at Northampton East Salvation Army, Northampton, NN3 8EZ. Range of speakers and activities. Open to ex NHS staff, together with spouse or partner. Please contact the chairman Mrs Pat Oliver on 01604 839085.

**BACK ISSUES** of Insight are available online at www.northamptongeneral.nhs.uk – go to About Us > Documents and Publications



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## Win free theatre tickets The Snow Queen

This Christmas, Northampton's Royal stage will be transformed into an icy, magical kingdom for an enchanting new version of Hans Christian Andersen's fairytale, *The Snow Queen*. This fabulous and funny frozen adventure can be seen from 25 November to 3 January. Featuring memorable new songs and hilarious characters, this mischievous retelling of a timeless story will melt audiences' hearts.

In a frozen land far away, a Snow Queen kidnaps a young boy named Kai. His best friend Gerda, a stumpy, grumpy, determined little girl is the unlikely hero who sets out to rescue him. On the way, she finds friends who will help her, and discovers the truth behind the mysterious Snow Queen's identity and why she lives locked up in solitude in her icy palace.

This festive production is written by multi-award-winning comedy writer Georgia Pritchett (*Miranda, The Thick Of It, Veep* and *Wallace And Gromit: Curse Of The Were-Rabbit*), and features original songs by Dougal Irvine, who was the composer for *The Bacchae* and *Blood Wedding* at Royal & Derngate in 2012.

An ideal Christmas treat for anyone aged 4 and upwards to enjoy

with their family, *The Snow Queen* runs at Royal & Derngate from Wednesday 25 November to Sunday 3 January, with tickets priced from £9.50 to £24\*. For full details of performance times, call Royal & Derngate Box Office on 01604 624811 or visit www.royalandderngate.co.uk

For your chance to win a family ticket (four tickets) to the 5.15pm performance of *The Snow Queen* on Sunday 6 December, answer the five questions below.

Send your entry to arrive by Friday 30 October 2015 to peter.kennell@ngh.nhs.uk – or by post to Insight magazine, NGH, Cliftonville, Northampton NN1 5BD. Please include a daytime telephone number with your entry.

- 1 Who wrote The Snow Queen?
- 2 **What** relatively new type of healthcare professional is Nora Shrestha?
- 3 Where were the NGH ducks rescued from?
- 4 When does the Do it for Dementia Tea Dance take place?
- 5 How much did our Strictly NGH 2015 raise for the NGH charity?

\* A transaction fee of £2.50 applies to telephone and website bookings only. Does not apply in person, or to Groups and Friends, and is per-transaction, not per-ticket.

### ▶ The winner of 'Brave New World' tickets in our last competition was Wendy Gould of Thorplands.

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