





Welcome

to the first edition of Together for 2016





When I started working for Leicester's Hospitals two years ago it became clear very quickly that the single biggest issue that caused our patients and visitors to complain was car parking. I am pleased to say that I have made it one of my priorities to fix that and in February we will open our new multi-storey car park at the Royal Infirmary. This will reduce the huge parking queues on Havelock Street, which at one time or another you yourself may have had to sit in. As one of the busiest hospitals in the country (we see almost 3,700 patients every day) it may not eliminate the problem, but it will certainly improve it. You can read more on page 8.

As always we have a good variety of content in this latest edition. Meet Jane Flint on page 3, our new humanist pastoral carer, the first of her kind in the country. With Jane joining the team it means that we can offer more choice when our patients need pastoral and spiritual support.

Another service that we are pleased to be expanding is our Bereavement Service (pages 4 and 5) for those families and carers who have been affected by the loss of a loved one. The team send a condolence card after a loved one's death and will follow that up with an offer of support should the family need it. We understand how difficult it is losing a loved one and we are committed to supporting those who need it.

On pages 6 and 7 we introduce the newest members of our neonatal team following their successful recruitment day. At the beginning of January we welcomed seven new nurses who will be looking after our smallest patients.

Of course there is lots more that I hope you will enjoy reading in this edition and if there is anything you would like to read about in future editions, please email our Communications Team

(communications@uhl-tr.nhs.uk)

John Adler Chief Executive



University Hospitals of Leicester **NHS**

Caring at its best

Are you suffering from:

- Viral infections such as Norovirus (winter vomiting) and influenza (flu)?
- Symptoms of an infectious illness (diarrhoea and/or vomiting, fever and/or symptoms of flu)?





DO NOT ENTER the hospital

By doing so you may pass the virus on to staff and other patients.

Return home and drink plenty of water to avoid dehydration and let the illness run its course.

If you have experienced diarrhoea and/or vomiting, or flu related symptoms, please do not visit until you have fully recovered and experienced no further diarrhoea and /or vomiting for 48 hours.

If you are worried call your GP or NHS 111. Please feel free to telephone and enquire about the patient you wished to visit.



Welcome to our hospital



Please use hand sanitiser

when you enter and leave our patient areas to help keep infection at bay.

Please do not sit on beds.

Please only visit if absolutely necessary. By doing this, you will help us to reduce the spread of infections even further.

Jane Flint joins Chaplaincy team

Jane Flint has joined Leicester's Hospitals to work with our Chaplains providing emotional and spiritual support, helping patients, families and staff to work through the pain that can accompany life-changing illness or loss.

She is the first paid non-religious member of an NHS Chaplaincy team.

Jane explains: "I am enthusiastic about my new role within the Chaplaincy department and working collaboratively with the multi-faith team to ensure a service can be offered that meets the needs of all patients and staff.

"For many years I have worked in the caring professions, in the NHS and in the voluntary sector, and I am very happy to have started my new role in Leicester. I am grateful for the warm welcome I have received."

Mark Burleigh, our Head of Chaplaincy and Bereavement Services, said: "Whilst our chaplains have always supported non-religious patients, I am really excited at this development to broaden the choice for patients. Jane is available to give pastoral and spiritual support to any patient, particularly those who would welcome the opportunity to speak to someone with a non-religious outlook on life. The Chaplaincy supports patients as they face many distressing situations and Jane will enhance that care."

To contact Jane or to refer patients, please call the chaplaincy team on ext 4243 or email: jane.flint@uhl-tr.nhs.uk







Our aim at Leicester's Hospitals is to put quality and safety at the centre of everything we do.

As part of Leicester's Hospitals' Caring at its Best programme we are focusing on a number of targeted projects covering

Patient Experience, Patient Safety and Clinical Effectiveness.

Over the coming issues of Together we plan to feature some of the work undertaken, highlighting how they might affect you and our staff. We hope you find them of interest.

Supporting You at the Hardest Time



Families, carers or anyone affected by the death of a loved one (aged 18 or over) who has died in one of Leicester's three City Hospitals can now benefit from a newly-launched Bereavement Support Service, led by Bereavement Support Nurse, Kim Sanger, and supported by Linda Hutchinson, Clinical Effectiveness Secretary, and the Bereavement Services Office Team.

Pictured are members of the Bereavement Services and Bereavement Support Team, who are based across Leicester's Hospitals' three sites.



Commenting on the Service, Kim said: "It is recognised that those affected by a bereavement may sometimes need further information or support. They might have questions they would like to ask and having the opportunity to have these questions answered can often help as they begin to come to terms with their loss. If required, the Service can also arrange for individuals or families to meet with a member of the Medical or Nursing

team who cared for their loved one and many find this of great comfort."

The Service will offer the opportunity to talk through what matters to them regarding their bereavement. If unable to help, Kim will signpost people to someone who can; a specific Counselling or Support Organisation.

Family members and carers will initially be sent a condolence card with an offer to contact the Service at any time and the opportunity to receive 'follow up' contact around six to eight weeks after their bereavement, either by means of a telephone call, letter or another method of their choice e.g.

Email. Contact can be made in alternative languages or formats if required, e.g. for those with disabilities.

really appreciated receiving the condolence card and I hope the support they receive from the Service is beneficial, during what is a very difficult time of their lives."

The Blue Butterfly symbol

The Blue Butterfly symbol was initially introduced to Leicester's Hospitals to support on-going improvements in the quality of End of Life Care. It is displayed discretely in a ward area to indicate to all staff that a patient is

> be mindful and respectful of the need for privacy, dignity, and to consider noise levels in the locality. The symbol and its significance has been shared and developed across the three Leicester Hospitals and is now also a symbol for the Bereavement Support Service, in acknowledgment that caring for a grieving or bereaved family is an integral part and continuation of

receiving End of Life Care and to

Bereavement Support Service

End of Life Care.

Telephone: 0116 258 4380 or 07950 868337 Email: bereavementsupportservice@uhl-tr.nhs.uk The Service is available Monday to Friday, 9.00am to 4.00pm (excluding bank holidays).









Our Neonatal Unit is expanding! Twins: Nathan (left) (right)

Our Leicester Neonatal Service, which looks after poorly premature babies, is expanding thanks to a successful recruitment day in November. Seven new nurses joined the team on Monday 4 January using funding from NHS England.

The neonatal unit at Leicester Royal Infirmary opened after extensive refurbishment in September 2010,

costing just over £9 million. The state of the art facility has capacity for 36 cots, of which 28 have been operational: these comprise of 10 intensive care cots (ITU), 8 high dependency (HDU) and 10 **Actual** special care cots (SCBU).

The new recruits will enable us to open additional cots on the unit so

we can care for more premature babies in the East Midlands.

Alison Nield, acting matron for neonates and genetics at Leicester's hospitals, said: "We will have a phased approach to opening the additional cots as there is quite a lengthy lead in time. The new nurses will be given full training which takes between 18 months and two years.

"We are delighted to have recruited seven new nurses. It is nice that people want to come and work here. We have so

many success stories and you can see tangible results of how good nursing care influences patient outcomes," Alison adds.

During 2014, there were approximately 10,700 births in Leicestershire. Leicester Neonatal Service admitted the following babies during 2014:

 $3\overline{5}\overline{3}$ babies admitted to ITU

318 babies admitted to HDU 1,183 babies admitted to SCBU



Leicester Neonatal Services operates as the lead centre for the Central Newborn Network.

This means that the service provides neonatal intensive care and neonatal surgery for the sickest and most complex babies across a wider geographical area, which includes Coventry, Warwick, Northampton, Kettering and Burton upon Trent.



Demi-Leigh Nicol qualified as a nurse 18 months ago and previously worked on the acute medical unit at the Royal. She said:

"I am an adult trained nurse so it will be a change to be with such small babies but the ward where I work has a high dependency unit so many of the principles are similar."

Terri Stevens

has joined the team from Leicestershire Partnership NHS Trust where she was an adult nurse in rehabilitation and palliative care. She said:

"I was looking for a new challenge and it will be amazing to help and nurture the babies and to help their families."

We will also be welcoming:







Michelle Cowans, joining us from an adult ward, Lincoln County Hospital

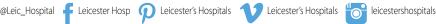
Nicola Harbourne, joining us from Queen's Medical Centre Sandra Soria, joining us from ward 34 at the Royal Donna Knowles, nurse from Leicester Prison Hospital

If you are interested in working in the Neonatal Service contact: Alison Nield 0116 258 5831











Our new five storey car park includes:

- 21 disabled spaces on the ground floor
- Lifts for easy access to the upper levels
- A north exit onto Welford Road, and a south exit onto Havelock Street, making it easier to exit the hospital site
- An electronic vehicle management system on Havelock Street, showing you how many spare spaces are available
- Different coloured walls and footpaths on each level, to assist with way finding and to help you remember where you parked your car
- CCTV on every floor.

Access to the car park is via the existing entry on Havelock Street, and is 'pay on foot'. There will be pay machines in the car park, and users will be able to pay with cash and debit cards, so will no longer have to worry about having spare change for the machine.

The additional 438 spaces give a total of 600 spaces in the Havelock Street car park, so we're hopeful that the well-known queues and car park problems at the Royal Infirmary will be a thing of the past.

And bicycles and motorbikes haven't been forgotten – there are bicycle shelters close by, as well as 10 covered parking spaces for motorbikes.



Did you know...

local community groups, patients and members of the public assisted in the development of our new car park, providing useful input into its planning and the development of a 'way finding' strategy that works for everyone who visits us.

Leicester's Medicine Medicine

All Marvellous Medicine talks take place from 6pm - 8pm in the Lecture Theatre, Clinical Education Centre at Leicester General Hospital.



Tuesday 22nd March

Eyes - What to look out for?

Dr Antonella Berry-Brincat, Consultant in Ophthalmology and Oculoplastics Surgeon

This talk is a brief overview of the most common eye conditions including cataracts, age related macular degeneration, glaucoma, diabetic retinopathy and posterior vitreous detachment (flashes and floaters). In this interactive session you will learn how to identify these conditions, when to seek help early and how to prevent and control treatable eye conditions.



Tuesday 12th April

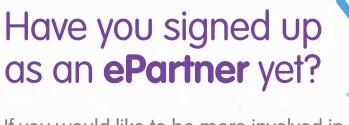
Common childhood injuries and illnesses

Dr Damian Roland, Consultant in Paediatric Emergency Medicine

Children suffer frequent illnesses and injuries - it's a natural part of growing up. However, in today's fast paced society one of the best medicines, time, is a rarely prescribed treatment. Dr Roland will explore common childhood ailments and use patient videos to demonstrate these conditions. He will discuss the latest evidence to assist families and carers in making the best judgements about their children.



For further information about these talks please contact us on 0116 2588592, or visit www.leicesterhospitals.nhs. uk/marvellous-medicine



If you would like to be more involved in shaping your NHS then this is a great opportunity.

All you need is an email address and access to a computer, tablet or mobile device, to help us improve patient experience and services at Leicester's Hospitals.







FINDS THE CVLPRIT

The Cardiovascular research team based at Glenfield Hospital have been making waves across the world!

Specialist heart doctors increasingly treat patients with large heart attacks using a procedure under local anaesthetic. The blocked blood vessel (artery) that causes the heart attack is opened by inserting a small metal scaffold (stent) at the blockage to hold the artery open. Up to 50% of patients treated in this way also have other narrowed, but not totally blocked, heart arteries.

The CvLPRIT study, which was funded by the British Heart Foundation and NIHR, was led by Leicester Consultant Cardiologists, Professor Tony Gershlick and Dr Gerry McCann. The study randomised 296 patients with multiple narrowed arteries to either only opening the artery that caused the heart attack or to treat the blocked artery and the other narrowed arteries during their stay.

They found that treating heart attack patients who have two or three narrowed arteries with additional stents reduces major complications (death,

heart failure, further heart attack or the need for another stent) within 12 months by more than 50%!

However, there was a concern that the longer the procedure, and putting in more stents, may cause more damage. So, the team conducted a sub-study using MRI scans to visualise and measure the amount of heart muscle damage. Although 12% of patients who had all the narrowed arteries treated did have some evidence of damage related to the additional stents, the total amount of heart damage was not increased. Also, the pumping action of the heart was not different between the two groups following the procedure.

These findings have provided reassurance to specialists that they

can consider opening the narrowed arteries at the same time, without significantly increasing the risk of damaging the heart further.

The study has also prompted the American College of Cardiology (ACC) to revise its advice for the treatment of heart attack victims.

"Science is not static but rather constantly evolving," ACC President Dr Patrick T O'Gara said in a statement. "As such, one of the ACC's primary roles is to stay abreast of this evolution and provide cardiovascular professionals and patients with the most up-to-date information on which to base decisions about the most appropriate and necessary treatment."







Clinical Research Network East Midlands



Dr McCann explains why this study is having such an impact

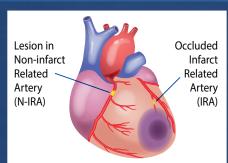


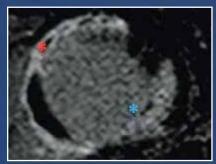
"The management of patients with heart attacks who have multiple narrowed arteries has been a very controversial area in cardiology. Previous guidance had strongly recommended treating only the blocked artery but this was mainly based on observational studies that weren't able to provide enough direct evidence. CvLPRIT is only the second study that has actually randomised (allocated by chance, a bit like tossing a coin) patients to the different treatments and shown a benefit for patients. The sub-study has addressed one of the major concerns of

heart specialists: that by treating all the narrowed arteries at the same time, we do not cause more damage which may lead to more problems in the future.

"We do need to emphasise that the CvLPRIT study was relatively small, as just under 300 patients participated. Further larger trials will be needed to show convincingly that the results are reliable and that most patients with this condition should be treated this way. Professor Gershlick and I are working to try and secure funding for this study."

The images show both arteries that were treated. The artery on the right is the artery that caused the heart attack and the artery on the left is the narrowed artery that received a stent at the same time.





To find out more about the CvLPRIT study, please contact Patient and Public Involvement Officer Tanya Scott, at Tanya.Scott@uhl-tr.nhs.uk











The "impossible" procedure that changes lives

Patients with giant hernias have previously been told that any operation would prove either very difficult or impossible, until now, thanks to one of our surgeons and his ground-breaking technique



Graham Offer, Consultant plastic surgeon at Leicester's Hospitals,

is a leading specialist in complex abdominal wall reconstruction. His work focusses on cases where a large defect or hole in the abdominal wall occurs which the patient's bowels then move through and push out under the skin. In some cases where the hole is very large a giant hernia develops. He and his team have been developing techniques to enable the largest of these hernias to be closed.

Hernias often range between 3 and 4 cm across. With the new technique, the team can now operate on giant hernias which can develop to be 20 to 30 cm across, meaning they are up to 10 times the regular size.

The new procedure that is used is a form of 'component separation'. The team combine three traditional techniques: a TAR Posterior Release, an Anterior Release and also a Rectus Sheath Release. In effect, they split the muscle

layers of the abdomen and move them over each other. Imagine a sandwich, with three layers. They split the layers and push them to the sides. So the sandwich covers a larger area of the plate (but is thinner). They have closed 19 patients' giant hernias so far.

Glenn Williams, 67, from Leicester, is one

of Mr Offer's patients. He had one of the largest abdominal hernias that has ever been successfully closed in Leicester and one of the largest ever seen by the team with a 20 cm by 30 cm defect. After two

66 We can now operate on patients who would have otherwise been told that nothing could be done ??

years of having the hernia, he met with Kirsten Boyle, Consultant surgeon at Leicester's Hospitals, who informed him that Mr Offer and the team could operate on his hernia. This took place successfully.

Glenn said: "My life when I had the hernia made me quite depressed, as it got bigger and bigger and I found I could do less and less because of the weight of it. It caused me to suffer with back ache and dizzy spells. People would stare at me wherever I went and I could hear comments from people

saying that I had a football up my coat, or I had been shoplifting. It affected me not only physically but emotionally too.

"After my operation I am still surprised how big it was. I am not totally recovered but I can look at myself in the mirror now and not find my reflection repulsive. I do things more slowly and still suffer with some backache but having a normal body makes me feel better and happier. With time I know I will get stronger and be able to do more."

Mr Offer is delighted with the success his team have achieved for patients like Glenn: "A few years ago hernias like Glenn's would have been inoperable. In looking to operate on bigger and bigger hernias, I brought together the three main hernia surgery techniques used in abdominal wall reconstruction and developed a method to combine them which means that we can now operate on patients who would have otherwise been told that nothing could be done."



This procedure changes lives and Mr Offer and his team would like those patients who have previously been told that nothing could be done, to ask for a GP referral to his team.





Children and young people with certain medical conditions need long term support to help with their breathing. This could be via a ventilator to help get more oxygen into their bodies, or a tracheostomy where an opening is created at the front of the neck so a tube can be inserted into the windpipe (trachea).

This support has historically been provided in a hospital setting, in paediatric intensive care units (PICU) or high-dependency units (HDU), and leads to long hospital stays.

Around 15 years ago, there was a move to deliver this care at home to improve the quality of life for these patients, as well as their parents and carers. The Royal Brompton and Harefield NHS Trust have pioneered an electronic discharge pathway which we have now implemented within Leicester and the surrounding community services.

To improve this for our patients, we have developed a new collaborative multidisciplinary network between Leicester's Hospitals' new Leicester Airway and

Ventilation Service (LEAVES) and the Diana Service, run by Leicestershire Partnership Trust, which provides care and support for children and families requiring special nursing care in a community setting.

"We understand how difficult it can be for young patients and their parents to stay in hospital for a long period of time, which is why we are committed to providing professional, practical and emotional support throughout their stay in hospital and when they are discharged home."

Working closely together, the teams

enable patients to go home having supported them to come off breathing support or to continue their treatment at home.

Unfortunately, children and young people receiving breathing support can deteriorate quickly. At home, the teams will flag up potential issues and resolve them before their condition deteriorates. This has been proven to drastically reduce the re-admission rates and improve their quality of life.

The Service accepts patients from Leicestershire, Derbyshire, Nottinghamshire, Lincolnshire, Cambridgeshire, Northamptonshire and Warwickshire and will continue to provide follow up care once discharged home.



Lily Sacke aged 15, who lives near Wellingborough, is one patient who has benefited from the work of the Leicester Airway and Ventilation Service (LEAVES) team.

Lily's mother, Anja Sacke, explains: "We arrived at Leicester Royal Infirmary on Ward 12 on 14 September 2015. Lily was on a ventilator following complications after heart surgery, at Great Ormond Street Hospital in London. We had been advised to expect a stay in hospital of 6 – 12 months, while Lily was ventilated.

"After getting to know Lily and us (her parents), the LEAVES team at Leicester Royal Infirmary started a two pronged approach to Lily's return home. Respiratory nurse, Helen advised us on the process of getting a care package in place so that we could get Lily home, while Dr Pandya started the process of weaning Lily off the ventilator.

"We told Helen and Dr Pandya our dream of having Lily home by

Christmas, during their regular visits to see Lily on Ward 12. Luckily, Lily did not have respiratory problems before her heart operation, so responded well to the multi-team approach and went home on 26 October - several months before any preliminary discharge dates.

"It is my fervent belief that the holistic approach of all the disciplines and the communication between all the teams caring for Lily at the Royal brought about her full recovery. I also believe that the Royal was the best place to achieve this."

Lily saying goodbye as she leaves LRI



Leicester's Hospitals' new Leicester Airway and Ventilation Service (LEAVES) is based on Ward 12 and 28 at Leicester Royal Infirmary and can be contacted on 0116 258 6694.











Julie Skeemer and Kayleigh Hawkes

Our small, specialist pneumonia team is clinically led by Consultant Respiratory Physician, Dr Gerrit Woltmann along with Julie Skeemer, Lead Pneumonia Specialist Nurse and Kayleigh Hawkes, Specialist Pneumonia Nurse.

THE TEAM is based at Glenfield Hospital but ensure that patients at the Leicester Royal Infirmary also get a visit. The treatment of Community Acquired Pneumonia is unique as we are the only trust in the country to have a service specifically for Pneumonia.

We have created and use, a bundle of actions that assist in the timely diagnosis and treatment of Pneumonia. As part of our service we offer support and guidance to patients through different follow up services; including a telephone follow up for those patients admitted and discharged within twenty four hours and a chest x-ray drop in clinic to ensure that the condition has resolved.

Kayleigh Hawkes explains: "We ensure our patients have a good understanding of what pneumonia is and what to expect during their recovery. When our patients are discharged home, we provide a point of contact if they are unsure or want some advice or reassurance."

A great achievement for the team has been a noticeable drop in the number of patient deaths.

Julie Skeemer adds: "We are also

proud that the British Thoracic Society (BTS) national audit has also showed that Pneumonia management in our hospitals is top notch."

Julie continues: "I come into work looking forward to what my day may bring and there is never a day that I dread, which I think is unusual! I love that I am able to support my patients and reassure them regarding their diagnosis. Pneumonia is a scary word and having the ability to offer knowledge to patients and their families is amazing. I love making them smile and laugh even in the face of what is a scary diagnosis."

> In 2015, we marked 'Pneumonia Week' within the Trust and as part of the promotions; we held a competition to design a team logo. Student Nurse,

Verity Howard created the winner! Pneumonia week proved to be very successful and will continue

What is Pneumonia?

Pneumonia is an inflammation of one or both lungs, which is usually caused by an infection. This inflammation causes the tiny air sacs inside your lungs to fill with fluid, making it harder for the lungs to work properly. Your body sends white blood cells to your lungs to try to fight the infection. Although this helps kill the germs, it can also make it harder for your lungs to pass oxygen into your bloodstream.

What causes pneumonia?

Many different kinds of bacteria (Streptococcus pneumonia is the most common), viruses and, occasionally, fungi can cause pneumonia. Winter infections such as flu, can lower your immune system, increasing your risk of picking up pneumonia.

What are the symptoms?

If you have pneumonia, you will feel unwell and experience symptoms that are similar to flu or a chest infection. These usually develop gradually over days, but sometimes progress much faster.

If you have any concerns or think you might have Pneumonia, please contact your GP.

(Source: British Thoracic Society)

Quick questions with Julie and Kayleigh...

What or who inspires the team the most?

J & K: Our colleagues and patients inspire us to do our very best every day with their hard work and do best attitudes.

What's the best part of your job?

J & K: Seeing good outcomes and watching mortality rates drop, drop and drop!

Best health tip?

J & K: Run, run and run plus remember the good 80% of the time and be as naughty as possible for 20% of the time rule.

Advice for those interested in this role?

J & K: Be proactive, work hard and be dedicated 100% of the time.











Patient Partners

Putting patients at the heart of everything we do



Martin Caple has been a
Patient Partner with Leicester's
Hospitals for several years and
is the Chairman of the group.
Martin has seen the role evolve
significantly during that time.
Here, he explains what being
a Patient Partner is all about.

Patient Partners are members of the public who provide a patient's or "lay" perspective on the work of Leicester's Hospitals. They get involved in a wide range of issues, from changes to our services and advising on new developments to reviewing patient literature and sitting on Boards and Committees.

Patient Partners comment and advise managers, doctors and nurses on key issues affecting patients.

Our Patient Partners all come from different backgrounds, so we can all give an independent viewpoint and utilise our work and life experiences in our contact with staff and patients.

All Patient Partners speak to patients about their experiences. I have been involved, along with another Patient Partner, in facilitating Patient Focus Events. This is where former patients and their partners meet with medical and nursing staff to provide feedback on their experiences.



Patient Partners

"I find the role both interesting and worthwhile and feel we really make a difference".

This has proved to be very successful with lessons being learned for the future.

During the last year our profile has risen within the organisation and we are regularly asked to be involved and give opinions, not only on day-to-day issues, but also new projects,

the Emergency
Department, and
involvement in
planning
priorities for
the future.

such as the expansion of

Patient Partners comment and advise managers, doctors and nurses on key issues affecting patients We currently have 12 Patient Partners who work across our three hospitals. Given the role's higher profile and increased opportunities for involvement, we would like more people to take on this role.







Why did you become a Patient Partner?

Khudeja: To represent the voice of patients to improve the quality of care they receive.

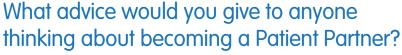
What do you feel the best thing about being a Patient Partner is?

Anthony: I feel that the best thing about being a Patient Partner is advising the hospital to help patients to receive a better service.

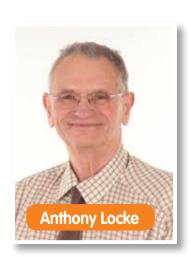


What do you feel the best thing about being a Patient Partner is?

Mary: The best thing about being a patient partner is being able to make a difference from a patients' point of view.



David: You should have a genuine interest for interacting with and helping people and patients.







To find out more

If you would like to find out more about the role and could commit around 6 half day sessions a month please contact Karl Mayes, Patient & Public Involvement Manager on 0116 258 8685 or email karl.mayes@uhl-tr.nhs.uk









2015 was another amazing year of commitment and dedication from our volunteers. Over the Christmas period many of them continued to support the wards and patients by coming in to the hospitals to visit patients, help out with meals and drinks or just to be there if they were needed.



For the past three years
Leicester's Hospitals'
Communications and
Volunteer Services have
joined in partnership
with Age UK in a
Making Christmas Special
campaign. The aim of this
is to provide each patient
who is in one of our
hospitals on Christmas
day with a gift to open.

In the days running up to Christmas our volunteers counted, sorted and

delivered 1,611 donated gifts to our wards so that every patient who had to be in hospital over Christmas received a present on Christmas day.

This is always an enjoyable (if exhausting) activity and volunteers really enjoy being involved and knowing what a difference this makes to patients.

As ever a huge **thank you** to the Volunteer **Services team** who helped make this happen and to everyone who made it possible.

∵ Thank you...*

Happy 2016 and may it be filled with even more amazing volunteers!

A New Year of Volunteering in UHL

As we start 2016 we hope that this year will continue to be one of growth and development within our Volunteer Services.

We are hoping to focus on improving and developing the services we offer to patients and identifying new and exciting ways to involve volunteers.

We would also like to promote volunteering more widely in the local community to attract volunteers who may not have thought about becoming involved in our hospitals.

We have already been the subject of January's Marvellous Medicine talk 'Never too Old to Volunteer' and would be happy to talk at any groups, clubs or meetings about volunteering in our hospitals and the many benefits that it brings to both the individual volunteer and the people they help.

If anyone is interested in booking a talk then please contact us by phone or e-mail.





FUNDRAISING news...



Leicester City FC Players Visit Children in Hospital during the Festive Period

The Charity continues to be part of the LCFC Foxes Foundation raising funds for the Leicester Children's Hospital. We were very fortunate to have the first team players visit all 3 sites on December 17 which put a smile on many faces not to mention the excitement it caused for both patients and staff. The players clubbed together and bought over 100 portable DVD players for poorly children to use whilst in hospital. Sally Markley, Senior play coordinator said: "We were overwhelmed by their generosity meaning every ward and child in hospital will have the opportunity to watch their favourite films; thank you so much to you all at Leicester City Football Club."





Everyone goes bopper crazy for Silver Appeal

Staff, patients and the public were encouraged to #wearitfestive with Head boppers which were worn widely across the 3 sites during December in support of the Silver Appeal, with funds collected enhancing the care for frail and older patients in the Emergency Department. We are still collecting in the money, but estimate that over £3,000 was raised.



Leicester Hospitals Charity Christmas Meal

Leicester Hospitals Charity once again offered a Christmas meal for all UHL staff to consume with their colleagues during December across the 3 hospital sites. Well over 5,000 staff attended and enjoyed this festive meal cooked and served by Interserve, who put in great effort providing a very tasty meal, decorating the tables and providing crackers.

The Charity also funded a lunchtime meal for staff who were working on Christmas Day which was either delivered to the wards for electronically rostered staff, or collected from the restaurants for all others. We sincerely hope the efforts made by Interserve staff to get this out were appreciated and Leicester's Hospitals' staff enjoyed this gift.

Huncote Tuesday Knights

In 2015, players past and present from Huncote Tuesday Knights 5-a-side football club raised £5,550.00 for the Oncology Department at Leicester Royal Infirmary.

They raised the money by organising a 24 hour Soccerthon and beat their target by £4,050!









To find out more and to sponsor Linsey please visit http://uk.virginmoneygiving.com/LinseyMilnes

HIGHS AND LOWS IN CONCERT





Young people's choir the Highs and Lows performing at a Christmas Concert, which was held at Brockington College, Enderby Each of the children performing in the choir has type I diabetes or lives with someone with the condition.

Dr. Damian Roland, Consultant in Paediatric Emergency Medicing, has won the Patient Data

Dr Damian Roland, Consultant in Paediatric Emergency Medicine, has won the Patient Data Award at the 2015 Health Business Awards in London for his 'POPS' system. The Award recognises the most innovative introduction of new technology for secure storage, retrieval and distribution of data throughout the NHS. Congratulations to the whole team involved.

Calling all staff! If you're 'Out & About' doing something interesting we'd love to hear from you. Send us your photos and a brief summary to communications@uhl-tr.nhs.uk and we'll pick a few to include in the next edition of Together.



together

is the official magazine of the University Hospitals of Leicester.

On the cover:

Demi-Leigh Nicol New neonatal nurse

CONTACT

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SUBMISSIONS

together is a great way to share your news and success.
Please contact the
Communications team to discuss.

DELIVERY

If you think your area is receiving too few or too many copies of **together** please email: communications@uhl-tr.nhs.uk.

THANKS...

PATIENT DATA AWARD

To the Leicester Mercury for letting us use some of their photographs.

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WIN SOLARLO

A fabulous three course meal for two ...at San Carlo Leicester,

part of the award winning San Carlo Group of Italian restaurants









To be in with a chance of winning simply tell us:

How many gifts were donated to our Making Christmas Special campaign? Send your answer, name and contact details to: competitions@uhl-tr.nhs.uk The closing date for this competition is Wednesday 23 March 2016

Last edition's winner: Sarah Osborne Set in the heart of the city on Granby Street, San Carlo offers truly original Italian food in a fabulous contemporary setting.

The San Carlo Restaurant Group has amassed thirty two prestigious food and drink awards and includes Italian celebrity chef Aldo Zilli among its impressive culinary team. Whether you're looking for somewhere special to celebrate or the perfect lunch spot with friends or family, San Carlo

Leicester is the perfect choice.

From pizza and pasta to the freshest seafood or steak from the grill, San Carlo's signature dishes and extensive menu are produced with the finest ingredients, sure to suit all tastes.

T&Cs the prize is valid for one month from date of letter sent to winner. **Prize:** Three course meal and bottle of house wine.

For further information please contact:
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Leicester LE1 1DE
You can also visit our website:
www.sancarlo.co.uk/leicester

